

JUL-12-2012 16:49

AIT

4075829832

P.01

**L11000099170**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H12000179531 3)))



H120001795313ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : AIT PLUS CONSULTING  
Account Number : I20080000061  
Phone : (407) 582-9830  
Fax Number : (407) 582-9832

FILED  
12 JUL 12 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
12 JUL 12 AM 6:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
R&R REAL FLOORING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

**C. LEWIS**

JUL 13 2012

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

JUL-12-2012 16:50

AIT

4075829832

P.02

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: R&R REAL FLOORING, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MARIA PINHEIRO**

Name of Person

**AIT PLUS CONSULTING, LLC**

Firm/Company

**8421 S ORANGE BLOSSOM TRAIL SUITE 109**

Address

**ORLANDO, FL 32809**

City/State and Zip Code

**maria@aitplus.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MARIA PINHEIRO**

Name of Person

at ( **407** )

**582-9830**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

12 JUL 12 AM 8:29

*Real*  
R&R FLOORING, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/29/2011 and assigned  
Florida document number L11000099170.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6629 WINDER OAKS BLVD

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32819

Enter new mailing address, if applicable:

6629 WINDER OAKS BLVD

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32819

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

6629 WINDER OAKS BLVD

*Enter Florida street address*

ORLANDO

*City*

Florida32819

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

JUL-12-2012 16:50

AIT

4075829832

P.04

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE THE ADRESS FOR ALL MANAGER/MEMBER

TITLE MGR: RAMON RODRIGUES DE MELO, TITLE MGRM: MAURICIO

BATISTA QUIRINO, TITLE MGRM: WELDER SENA SILVA

NEW ADRESS: 6629 WINDER OAKS BLVD, ORLANDO, FL 32819

Dated JULY, 02, 2012

Ramon Rodrigues de Melo  
(Signature of a member or authorized representative of a member)

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED  
12 JUL 12 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TOTAL P.04