Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AIT PLUS CONSULTING

Account Number : 120080000061

Phone : (407):582-9830

Fax Number

: (407)294-7677

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN F&J FLOORING SERVICES, LLC

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

F&J FLOORING SERVICES, 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

7022 CARLENE DR

Address

ORLANDO, FL 32835

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

_{.,,}407、582-9830

Name of Person

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

(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our reco lability Company)	rds.)		
The Articles of Organization for this Limited Liz Florida document number <u>L13000006859</u>	ability Company	were filed on <u>01/14/2013</u>		and as	signed
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	ent is submitted to amend the following: ing name, enter the new name of the limited liability company here: must be distinguishable and end with the words "Limited Liability Company," the designation "LC" of the abbreviation incipal offices address, if applicable: 4912 BELLTHORN DR Rece address MUST BE A STREET ADDRESS ORLANDO, FL 32837 ORLANDO, FL 32837 Feess MAY BE A POST OFFICE BOX ORLANDO, FL 32837 Feess MAY BE A POST OFFICE BOX Francisco J COSTA FRANCISCO J COSTA FRANCISCO J COSTA				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the design	77		abbreviation
Enter new principal offices address, if applicat	ble:	4912 BELLTHORN DR	主義	- T	3 ,
(Principal office address MUST BE A STREET		ORLANDO, FL 32837	93.35 93.35		****
			,		10-10
Enter new mailing address, if applicable:		4912 BELLTHORN DR	92		***
(Mailing address MAX BE A POST OFFICE B	<u>ox</u>	ORLANDO, FL 32837		ဧ၀	
registered agent and/or the new registered office	ce address here	*	enter the i	name o	of the new
Name of New Registered Agent:	FRANCISCO J COSTA				
New Registered Office Address:	4912 BELLT	 ,			
	ORLANDO		_{lda} 3283	7	
		City	\boldsymbol{z}	ip 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.

MGR = Manager

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:

Title	Name	Address	Type of Action
			Add
			F=
	·		Remov
 		-	Add
			Remove
			L Ramov
			·
			Add
			Remove
		2003 Add T	
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			المعالمة المستحدد المراح المساع
<u>.</u>			Add Add
			Remove
			· —
 -			Add
			Remove

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

CHANGE MANAGER/MEMBER ADRESSES:

FRANCISCO J COSTA, 4912 BELLTHORN DR, ORLANDO, FL 32837

JEANE DOS SANTOS, 4912 BELLTHORN DR, ORLANDO, FL 32837

Dated APRIL, 03

Signature of a member or authorized representative of a member FRANCISCO J. COSTA

Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE