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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| (3.9,52.3.2.) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Sec Division of Corp | | |
|--|---|-------------|
| SUBJECT: | pium Plooring LLC | |
| | Name of Limited Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are submitted for filing. | |
| Please return all correspon | ndence concerning this matter to the following: | |
| | Divaldo Cunha Name of Person | |
| | Divaldo Cunha Name of Person Opium Flooring LLC Firm/Company | |
| | 218 SE 15T TENTACE Address | |
| | Deerfield Beach FL 33441 | |
| | Deerfield Beach FL 33441 City/State and Zip Code Pcyha 555 @ Yahoo. Com E-mail address: (to be used for future annual report notification) | |
| For further information co | oncerning this matter, please call: | |
| Paylo CVN. | Terson at (561) 929 2499 Area Code Daytime Telephone Number | |
| | | |
| Enclosed is a check for the | e following amount: | |
| 보 \$25.00 Filing Fee | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status | of Status & |

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

| OPIUM FLOORING | L.L.C |
|--|---|
| (Name of the Limited Liability Company (A Florida Limited Lia | |
| The Articles of Organization for this Limited Liability Company we Florida document number L _ 13000017011 This amendment is submitted to amend the following: | ere filed on February 01, 2013 and assigned |
| A. If amending name, enter the new name of the limited liability | ty company here: |
| | CONTRACTORS L.L.C. |
| The new name must be distinguishable and contain the words "Limited Liability | |
| Enter new principal offices address, if applicable: | 218 SE 1ST TERRACE DEERPEELD BEACH, PL 33441 |
| (Principal office address MUST BE A STREET ADDRESS) | DEERFLELD BEACH, FL 33441 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | DEERFEELD BEACH, FL 33441 ce address on our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | rinter triorida sveet address |
| | Florida |
| Now Book and Assess Signature (C. book and Book and Assess | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peracept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
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| an efi <u>ote:</u> | ive date, if other than the date of filing: |
| | cord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of 90th day after the record is filed. |
| ited | 9/5/2018 |
| | Signature of a member or authorized representative of a member |
| | |
| | PAULO CUNHA Typed or printed name of signce |

Page 3 of 3

Filing Fee: \$25.00