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COVER LETTER

TO: Registration Section Division of Corporations

SP FLOORING INSTALLERS, LLC

SUBJECT: __

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

LEONARDO FIGUEIREDO

Name of Person

SOLUTION ADVISING LLC

Firm/Company

5728 MAJOR BLVD SUITE 609

Address

ORLANDO, FL 32819

City/State and Zip Code

INFO@SOLUTIONADVISING.COM

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 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	• • • • •
	- El 2.
SP FŁOORING INSTALLERS, LLC	(1) [/ F]: 2: 18
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/14/2011}{1000000000000000000000000000000000$	and assigned
Florida document number 1.13000023390	
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 contain the words "Limited Liability Company," the designation	n "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	ecords, <u>enter the name of the new</u>
Name of New Registered Agent:	······
New Registered Office Address:	,
Enter Florida street	- uuuress
	Florida

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PAULO GOMES DA COSTA	5542 METROWEST BLVD #210 ORLANDO, FL 32811	Add
			Remove
			🔚 Change
			🖸 Add
			🗇 Remove
			Change
	, <u></u>		Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			C Remove
			Change
			🗆 Add
		_	Remove
			Change

.

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

I would like to change the title position of Paulo Gomes da costa of the company Flooring installers, 11c" From MGRM" to Ambr

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	OCTOBER	16	2019		
	Paulo	yonon	da lato	resentative of a member	
		(Signature of a n	nember or authorized rep	resentative of a member	

PAULO GOMES DA COSTA-

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00