

MAY-15-2014 THU 08:33 AM  
Division of Corporations

P. 001/005

<https://efil.sunbiz.org/scripts/efilcovr.exe>

L130000090594

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.

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

From: Account Name : ALPHA BUSINESS CONSULTING, LLC  
Account Number : I20080000061  
Phone : (407) 582-9830  
Fax Number : (407) 294-7677

2014 MAY 15 PM 12:59  
FILED  
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  
14 MAY 15 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JS FLOORING SERVICES, LLC

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

MAY 16 2014  
A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JS 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

**ALPHA BUSINESS CONSULTING, LLC**

Firm/Company

**7022 CARLENE DR**

Address

**ORLANDO, FL 32835**

City/State and Zip Code

**pinheiromaria@att.net**

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

FILED  
2014 MAY 15 PM 12:58  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**JS FLOORING SERVICES, LLC**

(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 06/24/2013 and assigned  
Florida document number L13000090594

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: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: FERNANDA DA SILVA AMPARO

New Registered Office Address: 2534 ROLLING BROAK DR

*Enter Florida street address*

ORLANDO

*City*

Florida 32837

*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 605, 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

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

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>              | <u>Address</u>                             | <u>Type of Action</u>  |
|--------------|--------------------------|--|--|
| MGRM         | FERNANDA DA SILVA AMPARO | 2534 ROLLING BROAK DR<br>ORLANDO, FL 32837 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |

|     |                        |  |  |
|-----|------------------------|--|--|
| MGR | FILIFE MIRANDA MARTINS | 2534 ROLLING BROAK DR<br>ORLANDO, FL 32837 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|-----|------------------------|--|--|

|     |                |  |  |
|-----|----------------|--|--|
| MGR | ANDERSON COSTA | 2534 ROLLING BROAK DR<br>ORLANDO, FL 32837 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|-----|----------------|--|--|

|     |                   |  |  |
|-----|-------------------|--|--|
| MGR | JAMIL ELIAS SWAID | 2534 ROLLING BROAK DR<br>ORLANDO, FL 32837 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|-----|-------------------|--|--|

☐ Add☐ Remove☐ Add☐ Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2014 MAY 15 PM 10:58  
FLORIDA DEPARTMENT OF STATE

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 14 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**FERNANDA DA SILVA AMPARO**

\_\_\_\_\_  
Typed or printed name of signee