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COVER LETTER

TO: **Registration Section**

Division of Corporations

Mariela Flooring LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Julio Molina

Name of Person

Julio Molina P A

Firm/Company

2002 Curry Ford Rd

Orlando, Florida 32806

City/State and Zip Code

juliomolina@bellsouth.net

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

For further information concerning this matter, please call:

Julio Molina

Name of Person

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 Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L13000114208</u>	mpany were filed on <u>08-12-2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	ered office address on our records, enter	the name of the
registered agent and/or the new registered office addre		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		<u> </u>
	City	Zip Code.
New Registered Agent's Signature, if changing Registered	Agent:	ي سمي د ده

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.

Mariela Flooring LLC

If Changing Registered Agent, Signature of New 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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
mgrm	Jose Soto	1205 Sandy Beach rd	
		Ocoee,FI . 34761	■ Remove
		 -	□ Remove
		_	
			Remove
			D Add
			Remove
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			□ Remove

ii amending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)
-	
Effective date, if other than the date of file The effective date must be specific, cannot be prior to	date of receipt or filed date and cannot be more than 90 days after
	ment of State)
the date this document is filed by the Florida Departm Dated July 17	ment of State) 2014
Dated July 17	

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Filing Fee: \$25.00