

L14 0000 57071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2020 FEB 28 AM 7:13  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ALLAHABAD, INDIA

MAR 20 2020

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cabinet Street 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:

Tyler Lau  
Name of Person

Cabinet Street LLC  
Firm/Company

2451 17th St. W, Palmetto  
Address

Palmetto, FL, 34221  
City/State and Zip Code

Tyler.Lau.14@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler Lau at ( 941 ) 920-0260  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Cabinet Street LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2020 FEB 28 AM 7:13  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
SARASOTA COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/08/14 and signed  
Florida document number 614000057071.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Innovative Floors & More LLC

The new name must be distinguishable and contain 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)

2058 1/2 17th St.  
Sarasota, FL  
34234

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2058 1/2 17th St.  
Sarasota, FL  
34234

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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

City

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 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> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
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1. **Introduction:** The study aims to investigate the impact of the COVID-19 pandemic on the mental health of healthcare workers.

2. **Methodology:** A cross-sectional survey was conducted among healthcare workers in various hospitals and clinics. The survey included a demographic questionnaire and a validated mental health assessment tool.

3. **Results:** The study found that a significant proportion of healthcare workers reported symptoms of anxiety, depression, and stress. The severity of these symptoms was correlated with factors such as the duration of the pandemic, the intensity of the workload, and the availability of personal protective equipment (PPE).

4. **Conclusion:** The findings highlight the need for comprehensive mental health support for healthcare workers during the COVID-19 pandemic. This support should include access to counseling services, stress management training, and adequate PPE.

5. **Recommendations:** Healthcare organizations should implement measures to reduce the workload of healthcare workers, ensure the availability of PPE, and provide regular mental health check-ups.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

02/25/  
Feb. 25<sup>th</sup>

2020

Signature of a member or authorized representative of a member

Tyler Law  
(Typed or printed name of signee)