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(Re	equestor's Name)	
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COVER LETTER

Division of C	Section Corporations	
HERITA SUBJECT:	AGE FLOORING ORLANDO LLC	
SUBJECT:	Name of Limited Liability Company	
	of Amendment and fee(s) are submitted for filing.	
Frease return an corre	spondence concerning this matter to the following:	
	JULIO MOLINA	
	Name of Person	
	JULIO MOLINA P.A.	
	Firm/Company	
	2002 CURRY FORD ROAD	
	Address	
	ORLANDO, FL 32806	
	City/State and Zip Code	
	JULIOMOLINA@BELLSOUTH.NET E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
JULIO MOLINA	407 228-4757 at ()	
Nam	e of Person Area Code Daytime Telephone Number	
Enclosed is a check for	r the following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

HERITAGE FLOORING ORLAN			
(Name of the Limi	ted Liability Company as (A Florida Limited Liabil	it now appears on our rec ity Company)	ords.)
The Articles of Organization for this Limited L	iability Company wer	e filed on	and assigned
This amendment is submitted to amend the fol	owing:		
A. If amending name, enter the new name (f the limited liability	company here:	
UNITED FLOORING ORLANDO LLC			
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
			HASSEY
Enter new mailing address, if applicable:			mg 🔀 🚺
Mailing address MAY BE A POST OFFICE	ROY)		[0] S
muning dualess MAP DE A 1 051 01 17CL	<u> </u>		20 .
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3. If amending the registered agent and registered agent and/or the new registered of		address on our reco	ords, enter the name of the no
Name of New Registered Agent:	RUB	EN SOTO	
New Registered Office Address:	203	16 TH ST	
		Enter Florida street ad	dress
	OCOEE		, Florida ³⁴⁷⁶¹
		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>	Name	Address	Type of Action
MGRM	PETRA SOTO GAONA	203 16 TH ST	Add
		OCOEE, FL. 34761	■ Remove
			☐ Change
MGRM	PAULINO SOTO	1303 WILLOW CREEK RD	■ Add
		OCOEE,FL. 34761	Remove
			Change
			☐ Add
			☐ Remove
			Change
			ASSET Remove
			OF STAIL ORIDA
			Add
			☐ Remove
			□ Change
			☐ Remove
			П Change

Effective date, if other than the date of filing: (aptional) 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated OH - 79 TOLY Signature of 8 member or authorized representative of a member			
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			er of:
)ated	04-29 2014	
Signature of a member or authorized representative of a member			
Signature of a member or authorized representative of a member			
		Signature of a member or authorized representative of a member	
		RUBEN Soro Typed or printed name of signee	

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Filing Fee: \$25.00