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(Re	equestor's Name)	_
(Ad	ldress)	
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7 FEB 21 PN 2: 36

SECRETARY OF STATE
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D. SCOTT FEB 2 1 2017

COVER LETTER

FILING CANCELLED RETURNED CHECK

TO: Registration Section
Division of Corporations

SALO SUBJECT:	MON'S WOOD FLOORS LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	s of Amendment and fee(s) are submitted for filing.	
Please return all co	espondence concerning this matter to the following:	
	SALOMON CRUZ	
	Name of Person	
	SALOMON'S WOOD FLOORS LLC	
	Firm/Company	
	12201 NW 35th STREET SUITE 218	
	Address	
	CORAL SPRINGS FL 33065	
	City/State and Zip Code	ند
	dalcavacorp@gmail.com	a n
	E-mail address: (to be used for future annual report notification)	岩田田
For further informa	on concerning this matter, please call:	百百二
SALOMON CRU.	at ()	
1	ne of Person Area Code Daytime Telephone Number :	FILED 236 FEB 21 PH 2:36 FEB 21 PH 2:36
Enclosed is a check	or the following amount:	
□ \$25.00 Filing F	e ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &

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

FILING CANCELLED RETURNED CHECK

SALOMON'S WOOD FLOORS LLC		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 03/11/2015	and assigned
Florida document number L15000044048		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
SALOMON'S WOOD FLOORS AND SUPPLIES LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	
		15 1
	, , , ,	F9 7 7
Enter new mailing address, if applicable:		三
(Mailing address MAY BE A POST OFFICE BOX)		当社 一面
maning namess MAT BE AT OST OFFICE BOX)		世祖皇中
		100 N
B. If amending the registered agent and/or reg	istered office address on our records.	enter the name of the ne
registered agent and/or the new registered office ad		,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florie	da
	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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
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(If an eff <u>Note:</u>	ive date, if other than the date of filing: 02/14/2017 (optional)
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	2-H-77
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member SALOMON CRUZ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00