

6/22/22, 11:13 AM

Division of Corporations

4500083216

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.

((H22000215348 3))



H220002153483ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC
Account Number : I20220000100
Phone : (321)366-0510
Fax Number : (321)366-0511

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAVALIERI & BOSCATTO L.L.C**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

DECLARATION OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

9/02/22 11:13 AM

RECEIVED

2022 JUN 22 AM 11:45

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX
JUN 23 2022

COVER LETTER

H 22000 2153 483

TO: Registration Section
Division of Corporations

SUBJECT: CAVALIERI & BOSCATTO L.L.C.

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:

CRISTIANE OLIVEIRA

Name of Person

CKO CONSULTING AND TAX SERVICES LLC

Firm/Company

1821 PLUMAS WAY

Address

ORLANDO FL 32824

City/State and Zip Code

CKOFINANCIALSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

CRISTIANE

239 234 7415

at ()

Name of Person

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 Address:

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

H 22000 21 53483 ABC

H22002153483

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

CAVALIERI & BOSCATTO L.L.C.

(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 05/11/2015 and assigned
Florida document number L15000083216.

This amendment is submitted to amend the following:

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

CAVALIERI FLOORING 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:

4301 36th St Unit 101 Orlando FL 32811

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4301 36th St Unit 101 Orlando FL 32811

(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:

GUSTAVO M CAVALIERI

New Registered Office Address:

4301 36th St Unit 101

Enter Florida street address

Orlando

Florida

City

32811

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.

Gustavo M Cavalieri

If Changing Registered Agent, Signature of New Registered Agent

H2200053483 ABC

Handwritten: # 2100482

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
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

Handwritten: # 320021-26123 in 86

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 22TH 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee