L15000111827

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

Division of Cor	porations					
MGP FLOO SUBJECT:	DRING, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	MAURO G PIANA					
•		Name of Person				
	MGP FLOORING, LLC	•				
	Firm/Company					
	22151 LARAMORE AVE					
		Address				
	PORT CHARLOTTE FL	33952				
.'	*	City/State and Zip Code				
,	piana71@hotmail.com					
	E-mail address: (to be used for future annual report notific	cation)			
For further information c	oncerning this matter, please co	all:				
Mauro G Piana		941 960 5169				
Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

MGP FLOORING, LLC

(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) impany)	
		d on 06/29/2015	and assigned
This amendment is submitted to amend the following			15 AUG SECRE!
A. If amending name, enter the new name of	of the limited liability com	pany here:	The second secon
The new name must be distinguishable and contain the Enter new principal offices address, if applie	document number L15000111827 The pendment is submitted to amend the following: The pending name, cnter the new name of the limited liability company here: The pending name, cnter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC"		
(Principal office address MUST BE A STREI	ET ADDRESS)		P
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>	ARAMORE AVE PORT CE	HARLOTTE FL 33952
		ress on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:		·	
			33952
	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>	Address	Type of Action
MGR	MAURO G PIANA	22152 LARAMORE AVE	≅ Add
		PORT CHARLOTTE FL 33952	□ Remove
			☐ Change
AMBR	GIANLUCA PIANA	22152 LARAMORE AVE	■ Add
		PORT CHARLOTTE FL 33952	☐ Remove
			Change
		_	□ Add
			☐ Remove
			☐ Change
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····			☐ Remove
			Change
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-14			ARY OF STAFE
			P Remove
			Tl Change

If amending any other inform	ation, enter cha	ange(s) hero	e: (Attach ada	litional sheets	i, if necessary.,)		
								
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Effective date, if other than the lift an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the lime record specifies a delayer. The 90th day after the re	olock does not me Department of Sta	eet the applicate's records.	able statutory f	iling requireme	ents, this date w	vill not be l	listed as	the
04 AUGUST	1	2015	1					
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	Signature of a m	ember or autho	orized representa	tive of a membe	ř	HASS	3 10	i i i i i i i i i i i i i i i i i i i
MAURO G PIANA		Typed or printe	ed name of signe			<u> </u>	PH	-
			.			STAI FLOR	1:46	•
		Page	3 of 3			<u> </u>	တ	

Filing Fee: \$25.00