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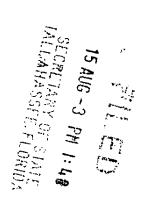
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AUG 04 2015 J SHIVERE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JLN FLOORING, 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:
FERNANDO SILVA Name of Person
CAMPANA GROUPS, INC
1761 W HULSBORD BLVD #324
DEGRETELD BCH, FL 33442
City/State and Zip Code CERNANDO CAMPANAGROUPS. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FERNANDO SILVA at (954) 228 - 0706 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status (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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLN +LOORING	, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v. Florida document number 15001689.	vere filed on MAY 28 ⁺	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	N		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>ent</u>	er the name	of the new
		15	
Name of New Registered Agent:		# 6 S	11.
New Registered Office Address:		1 S. S. S.	rant Trope
	Enter Florida street address	FF R	177
	, Florida	55 -	- Ania-
	City	Zip Code	** +**

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) authorized to man	nage, enter the title, name, and address of each	person being added
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOSEBEL DELANA	22763 STATE RD 7	
		BOCA RATION, FL 3342	Remove
			☐ Change
MGR	ELLYNA F. NOUZINH	0 22545 SW 66th A	6 DAdd
		BUILD#27 APT. 203	□ Remove
		BOCA RATION, FL 3342	S Change
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			□ Remove
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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filinate: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	ing or more than 90 days after filing.) Pursuant to	605.020 listed a
e record specifies a delayed effective date, but not an effec	ctive time, at 12:01 a.m. on the ea	rlier o
The 90th day after the record is filed.		
The 90th day after the record is filed. Signature of member or authorized representations.		

Page 3 of 3

Filing Fee: \$25.00