## L15000178991

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

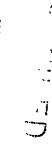




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## **COVER LETTER**

TO: Registration Sc Division of Cor			
	FF FLOORS, 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	ondence concerning this matter	to the following:	
	SARA OBADIA		
		Name of Person	····
	WOODRUFF FLOORS. I	I.C	
		Firm/Company	
	111 N ORANGE AVE ST	E. 800	
		Address	
	ORLANDO, FL 32801		
		City/State and Zip Code	<del></del>
	INFO@WOODRUFFREM E-mail address: (	ODELING.COM to be used for future annual report note	fication)
For further information c	concerning this matter, please c		
SARA OBADIA		407 S(K)-1472	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. :  Certificate of Status & Certified Copy (additional cupy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.			
npany as it now appears on our reco ed Liability Company)	ord <u>y.</u> )		
any were filed on 10/21/2015	and assigned		
iability company here:			
ability Company," the designation "L	LC" or the abbreviation "L.L.C."		
5401 S KIRKMAN ROAD			
SUITE 310			
ORLANDO, FL 32819			
ce address on our records, <u>ent</u>	er the name of the new registe		
Enter Florida street address			
	Florida		
•	Zip Code		
agree to act in this capacity. I	further agree to comply w <b>ith</b> and I am famili <mark>@</mark> with and		
i	ability company here: ability Company," the designation "L  5401 S KIRKMAN ROAD SUITE 310 ORLANDO, FL 32819  Ceraddress on our records, ent  Enter Florida street add  City nt: agree to act in this capacity. I		

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
AMBR	ARTURO OBADIA	5401 S KIRKMAN ROAD SUITE 310	■Add
		ORLANDO, FL 32819	□Remove
			□Change
			□Remove
			□Change
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			□Change
			□Add
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			□Remove
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	. 04/22/20	171			
fective date, if other than the n effective date is listed, the date must	date of filing;		(option:	il)	
ote: If the date inserted in this blo	ock does not meet the app	blicable statutory filing	requirements, this da	ite will not be list	ed :
cument's effective date on the De	epartment of State's reco	rds.			
ecord specifies a delayed effective is filed.	e date, but not an effectiv	e time, at 12:01 a.m. or	tne earlier of: (b)		r th
				2021	
APRIL 22ND ted	2021			2021 EAY	
<u> </u>	·	<del></del> ·			
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_ <del>4=</del>	Signature of a member or a	ithorized representative of	a member	D .	· i

Filing Fee: \$25.00