Florida Department of State

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.

(((H24000243888 3)))



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

Division of Corporations Fax Number : (850)617-6383 From: Account Name : AT PLUS CORP Account Number : I2014000060	
Fax Number : (850)617-6383 From: Account Name : AT PLUS CORP	
Account Name : AT PLUS CORP	
Account Number - 13014000000	
ACCOUNT NUMBER : 120140000000	
Phone : (305)406-3800 Fax Number : (305)406-3999	
**	
er · · · · · · · · · · · · · · · · · · ·	
* Enter the email address for this business entity to be used for	or future
minimum report mailings. Enter only one email address pleas	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A.P FLOORING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

JUL 1 8 2024 K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.P FLOORING LLC		
(Name of the Limit	ed Liability Company as it now appears of (A Fiorida Limited Liability Company)	n our records.
The Articles of Organization for this Limited Libertine Decided document number 1.15000195565	ability Company were filed on 11/18.	2015 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here	
The new name must be distinguishable and contain the we Enter new principal offices address, if applie (Principal office address MUST BE A STREE	ahle:	nation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office address on our reco is here:	ords, enter the name of the new registered
Name of New Registered Agent:	MAYSELING REYES SALGADO	JUL APP
New Registered Office Address:	13575 SW 69 Ct	
	Enter Florida MIAMI	street oddress
	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 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	ARLEN A PINEDA BRAVO	13575 SW 69 Ct	등 Add
		Miami, FL 33156	□Remove
		-	
		□Add	
		Change	
		DAdd	
			□Remove
		Change	
			□Add
			□Remove
			□ Change
			LDRemove
			©Change
		<u></u>	
			□ Panyoya

*		
	,	
	* * * * * * * * * * * * * * * * * * * *	
Effective date if other than the	date of filing:	(antiquel)
(If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable stati	(optional) I filing or more than 90 days after filing 1 Pursuant to 605,0207 () utory filing requirements, this date will not be listed as the
the record specifies a delayed effective cord is filed.	e date, but not an effective time, at 1.	2:01 a.m. on the earlier of: (b) The 90th day after the
	2024	
Dated JULY 18th	··	

Filing Fee: \$25.00

Typed or printed name of signee