

L15 000 199650

(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:

Office Use Only



300287425153

07/06/16--01005--002 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL -5 AM 7:15:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 06 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
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:

FREDY JOSE BALATA ALBUQUERQUE
Name of Person

AMERICAN FLOORING INSTALLATION LLC
Firm/Company

6252 N STATE RD 7
Address

COCONUT CREEK FL 33073
City/State and Zip Code

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

For further information concerning this matter, please call:

Fredy at (561) 451-6101
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 JUL -5 PM 5:00

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

American Flooring Installation LLC

(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 _____ and assigned
Florida document number L15000199650

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

6252 N STATE RD 7
COCONUT CREEK FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6252 N STATE RD 7
COCONUT CREEK FL 33073

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	FREDY JOSE BALATA	6252 N STATE RD 7	<input type="checkbox"/> Add
	ALBUQUERQUE	SUITE 204	<input type="checkbox"/> Remove
		COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Change
AMBR	DANIEL VINICIUS	6330 SCOTT ST	<input checked="" type="checkbox"/> Add
	TONELO	HOLLYWOOD, FL 33024	<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

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
JUL -5 PM 5:00

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please just correct name MGR
FREDY JOSE BALATA ALBUQUERQUE
AND ADD NEW AMBR DANIEL
VINICIUS TONELLO.
PLEASE CHANGE ADDRESS COMPANY.

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 JUL -5 PM 5:00

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 06/30/2016, _____

X. 

Signature of a member or authorized representative of a member

FREDY JOSE BALATA ALBUQUERQUE
Typed or printed name of signer