116000044306

Office Use Only



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COVER LETTER

| TO: | Registration of | n Section Corporations | | | | |
|---------------|--------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|--|
| CTID IE | | ng and Remodeling Partnership L | LLC | | | |
| SUBJE | SUBJECT: Name of Limited Liability Company | | | | | |
| The en | closed Article | es of Amendment and fee(s) are sp | submitted for filing. | | | |
| Please | return all com | respondence concerning this matte | ter to the following: | | | |
| | | Dmytro Ageiev | | | | |
| | | | Name of Person | | | |
| | | Flooring and Remodeling | ng Partnership LLC | = | | |
| | | - | Firm/Company | مير. المركز | | |
| | | 8366 Oshert Avenue | | 17 HAR -0 | | |
| | | | Address | - | | |
| | | North Port, Florida 3428 | 87 | • | | |
| | | | City/State and Zip Code | | | |
| | | alexeyrenaldo@gmail.con | | | | |
| For furt | her informati | on concerning this matter, please | s: (to be used for future annual report notification) e call: | | | |
| Dmytro | Ageiev | ı | 941 421-8674 at () | | | |
| | Na | ine of Person | Area Code Daytime Telephone Number | | | |
| Enclose | ed is a check f | for the following amount: | | | | |
| ■ \$25 | i.00 Filing Fe | e \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) | tus & | | |
| | Re Dir P.C | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314 | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301 | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Flooring & Remodeling Partnership LLC | | |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------|
| (Name of the Limited Liability (A Florida | Y Company as it now appears on our re Limited Liability Company) | cords.) |
| The Articles of Organization for this Limited Liability Co Florida document number \$\bigle\$16000044306 | ompany were filed on 3/2/2016 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limi | ted 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 ADDR | ESS) | |
| , | | 1 |
| Enter new mailing address, if applicable: | | o (,-< |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | | ords, enter the name of the new |
| Name of New-Registered Agent: | | |
| New Registered Office Address: | Enter Florida street ac | ddress |
| | | . Florida |
| | City | , Florida |
| N. D. Set, and A. and Oleman and St. dramatica. Development | l A crombs | |

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 | Liudmyla Shapovalova | _ | 8366 Osbert Avenue, North Port, F: 34287 | ■ Add |
| | | | | □ Remove |
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| ellective date | e, if other than to te is listed, the date r | nust be specific and | g: I cannot be pric | or to date of filing | or more than 90 c | _ (optional) lays after filing.) F | ursuant to 605.03 |
| | ate inserted in this fective date on the | | | | ming requireme | ints, this date w | ili not be listed |
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| | ecifies a delay day after the re | | | ot an effecti | ve time, at 1 | 2:01 a.m. oi | n the earlier |
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Filing Fee: \$25.00