8/7/2017

### Florida Department of State

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN...

## **ALL 4 AUTO LLC**

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

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AUG 0 8 2017

J SHIVERS

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL 4 AUTO, LLC		
(Name of the Limited Liability Co (A Florida Limi	ompuny as it now appears on our record ited Liability Company)	i)
The Articles of Organization for this Limited Liability Comp Florida document number L16000047433	pany were filed on 03/07/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
All About Flooring, LLC		1 - <del>2-</del> -
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	" or the abbreviation " L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	5)	7 to 5
		22.5
Enter new malling address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
, saling was to saling the saling the saling to saling the		) ·
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	15
	City , F	lorida
and the second of the second of	•	Σψ CME
New Registered Agent's Signature, if changing Registered Agent and I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	d agree to act in this capacity. I fu plete performance of my duties, a it as provided for in Chapter 605,	ind I am familiar with and . F.S. Or, if this document is
Ĩ	f Changing Registered Agent, <u>Signature</u>	of New Recistered Agent

1

MGR = Manager

If amouding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
		□ Remove	
		□ Change	
		. □ Remove	
			D Add
			□ Remove
			☐ Change
·			□ Add
			☐ Remove
		Change	
			☐ Add
			□ Remove
			□ Change
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	***	☐ Remove	
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receive date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicate numers's effective date on the Department of State's records.  The goth day after the record is filed.	ble statutory filing requirements, this date will not be listed
August 2nd 2017	
Llastoox.	nizel representative of a member
Simature of a member or address	•
Signature of a member or ofthur Muria Fernanda Gomez	

Filing Fee: \$25.00