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JUN 21 2016 S. YOUNG

### **COVER LETTER**

Division of Corporations
SUBJECT: Ramirez Brothers Flooring, LLC 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:
William A. Ramirez  Name of Person  Ramirez Brothers Flooring, C. Chief  Firm/Company  2651 Breezewind Drive  Address  DRLAND FL 32839  Chy/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William A. Ramikez at (321) 525-1485  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status & 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ramirez Brother	rs Flooring, LLC
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 1600005013</u> 7	were filed on $\frac{3/10/2016}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- PO GAT
(Principal office address MUST BE A STREET ADDRESS)	- Marie
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	Sovia J. RAMIREZ	2651 Breezewind Dr.	X Add
	O	2651 Breezewins Dr.	□ Remove
			Change
			□ Add
			Remove
			Change
			Remove
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Effe	tive date, if other than the date of filing:	(optional)	
(If an e	fective date is listed, the date must be specific and cannot be prior to date of filing or a If the date inserted in this block does not meet the applicable statutory filing.	nore than 90 days after filing.) Pursuang requirements, this date will no	int to 605.0207 ( of be listed as t
aocu	nent's effective date on the Department of State's records.		
the r	cord specifies a delayed effective date, but not an effective 90th day after the record is filed.	time, at 12:01 a.m. on th	e earlier of:
Date	June 13, 2016.		
	THURST AND		
	Signature of a member or authorized representative		

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Typed or printed name of signee

Filing Fee: \$25.00