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SECRETARY OF STATE

FALLAHASSEF FI 105107

J. HARRIS

COVER LETTER

	egistration Sect vision of Corpo			
SUBJECT		OORING SOLUTIONS LLC		
SUBJECT		Name of Limi	ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retu	n all correspond	dence concerning this matter	to the following:	
		JUAN C HERNANDEZ		
			Name of Person	
			Firm/Company	
		1325 ORCA CT		
			Address	
		RUSKIN, FL 33570		
		***************************************	City/State and Zip Code	
		jonhgutierrez80.jg@gmail.c	om to be used for future annual report notific	ootion)
For further	information cor	e-man address: (i		ation)
	ERNANDEZ	evining this matter, prease vi	813 732-5736	
	Name of F	Person		Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPIRE FLOORING SOLUTIONS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000110190}{L16000110190}$	were filed on 06/07/2016	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		SE G
		AR JU
		ARY SSE
nter new mailing address, if applicable:		Te pro
Mailing address MAY BE A POST OFFICE BOX)		
		₽ 5
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:		ds, enter the name of the
New Registered Office Address:		
THE REGISTERS CHIEF PLANTESS.	Enter Florida street addr	ess .
		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 ar removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IMER FIGUEROA CAMPOS	531 21st Ave SW	Add
		Ruskin, Fl 33570	□ Remove
			Change
			□ Add
			□ Remove
			Change
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			Add
			AR GRemove
			SECRETARY OF STALLAHASSEE FLO
			FFLORING Add
			□ Remove
			□ Change

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	Annual Control of the Assessment of the Assessme					
						
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fective date, if other than un effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	e must be specific a is block does no	and cannot be prion	icable statutory fi	r more than 90 days a	ptional) after filing.) Pursuant this date will not t	to 605.020 be listed a
record specifies a dela The 90th day after the			ot an effectiv	e time, at 12:0	1 a.m. on the	earlier (
JUNE 7		2017				
	due L	,	·		SECR	
2	Signature of	f a member or aut	horized representat	ive of a member	HAS.	E store
4	0 11	/1	nan de a		SEE SEE	> [

Page 3 of 3

Filing Fee: \$25.00