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(Re	questor's Name)	
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J. HARRIS

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Good Day Flooring LLC Name of Limited Fiability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Sergey Sovenok Name of Person
Good Day Flooring UC
2515 Strawberry ter Address
North Port FL, 34286  City/State and Zip Code
E-mail address: (to be used for filture annual report notification)
For further information concerning this matter, please call:
Sergey Sovenok at (94) 441-8667 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

Good Da	1 Flooring U	<u>.c</u>
(Name of the Limited Liar) (A Flori	llty Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number\\boo\\\\000		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.b.C."
Enter new principal offices address, if applicable:		ا المسيد ومسم ومسم
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		_ <b>-</b>
(Mailing address MAY BE A POST OFFICE BOX)		•
B. If amending the registered agent and/or regi	istered office address on our red	cords enter the name of the new
registered agent and/or the new registered office ad	dress here:	ener the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street a	ddress
		, 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>	Address	Type of Action
AMBR	Vladyslav Verlan	2750 Mather Ln	<b>\</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	verian	North Port	☐ Remove
		FL 34286	Change
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`an effe <u>{ote:</u>	ve date, if other than the date of filing:  (optio ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after to the date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	filing.) Pursuant to date will not be l	isted as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	.m. on the ea	rii <b>er o</b>
The	December 2016.	-11	
The	Songon Some	The control of the co	
The	December 6 2016.  Sorgan Solventonized representative of a member		
	Sergen Soventik		; '
The	Songon Some	2	; ; ;

Filing Fee: \$25.00