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Office Use Only



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COVER LETTER

TO:	Registration S Division of Co					
CLID	REZENDI	ES FLOORING LLC				
SUB	JEC1:	Name of Limited Liability Company				
The -	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pleas	se return all corresp	ondence concerning this matter	to the following:			
		LAZARO M REZENDE				
			Name of Person	· • · · · · · · · · · · · · · · · · · ·		
		REZENDES FLOORING	LLC			
			Firm/Company			
		4724 NW 57TH PLACE				
			Address			
		COCONUT CREEK, FL 3	3073			
			City/State and Zip Code	. 		
		ingridllaverias@1040.com				
		E-mail address: (to be used for future annual report notif	ication)		
For f	urther information	concerning this matter, please co	all:			
Ingr	id Llaverias		954 901-7745 at ()			
	Name	of Person	Area Code Daytime	e Telephone Number		
Encl	osed is a check for t	he 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

REZENDES FLOORING LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Cor Florida document number L16000188006	mpany were filed on	and assigned	
riorida document number	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
		S .	
		F. S.	
Enter new mailing address, if applicable:		\$60 C	
(Mailing address MAY BE A POST OFFICE BOX)		SSE	
		ge s m	
		C S	
B. If amending the registered agent and/or register	* •	enter the name of the ne	
registered agent and/or the new registered office addre	ss nere:	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:			
-			
New Registered Office Address:	Enter Florida street address	1	
	, Flori	da 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
MGR	LAZARO M REZENDE JR	4724 NW 57TH PLACE	
		COCONUT CREEK, FL 33073	≅ Remove
			Change
MGR	LAZARO M REZENDE	4724 NW 57TH PLACE	= Add
		COCONUT CREEK, FL 33073	□ Remove
			Change
		-	Add
			Remove
			□ Change
			Remove.
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change

AMEND MANAGER FI		- TELECTOR S	- Enzino	REZENDE	************
· ADD EİN 81-4088007					
				·	
					
					
					<u> </u>
		10/11/2016			S
tive date, if other than fective date is listed, the date	the date of filin must be specific an	ig: id cannot be prior	to date of filing or mo	ore than 90 days after f	na Parsumto 6
If the date inserted in thi	is block does not i	meet the applica	able statutory filing	requirements, this	date will not be li
nent's effective date on the	e Department of	State's records.			
	1 55 11				
cord specifies a delage e 90th day after the i			t an effective ti	me, at 12:01 a.	.m. on the ear
October 17		2016			
1	7 /	,			
	- 4//	1	/ _		

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Typed or printed name of signee

Filing Fee: \$25.00