## 116000202440

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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J. HARRIS

## **COVER LETTER**

TO:	Registration Se Division of Cor		, <b>.</b> *	w. To Sp.
ounte:	SAO PAUL	O FLOORING LLC	*1	
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		GILVAM F DOS SANTO		
			Name of Person	·
		GFS TAX & ACCOUNTI	NG SERVICES	
			Firm/Company	
		2005 W CYPRESS CREE	K RD STE 100	
			Address	
		FT LAUERDALE FL 3330	09 <u></u>	321
	17 (24) (C. 17) 21	GIL611@LIVE.COM	City/State and Zip Code	part of
For furth		E-mail address: (  concerning this matter, please co	to be used for future annual report not	ification)
GILVA	M DOS SANTO	S	954 9408322	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327	Registration Secti Division of Corpo Clifton Building	orations
		ox 6327 assee, FL 32314	2661 Executive C	

## ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAO PAULO FLOORING LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 11/03/2016	and assigned
lorida document number L16000202440		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
•		
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		2
	•	<u>-</u>
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		. 19 
		<b>1</b> 2
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address		ter the name of the I
gistered agent and/or the new registered office address	<u>nci c</u> .	
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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager 'AMBR'= Authorized Member

4.

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JORGINA L PERALTA	4012 NW 11 LANE	■ Add
		HIALEAH FL 33012	Remove
			☐ Change
	<del></del>		Add
			☐ Remove
			Change
			Remove
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ective date, if other than the date of the effective date is listed, the date must be specificate: If the date inserted in this block does be the burnent's effective date on the Department record specifies a delayed effective he 90th day after the record is fill.	ic and cannot be prior to not meet the applicab t of State's records. ve date, but not	le statutory filing r	equirements, thi	r filing.) Pursuant t s date will not b	e listed
ed NOVEMBER 15	2016				
		<i></i>			
1 40/1/63	2	0/a.			
1 40/1/63	of a member of authori	O CC c zed representative of	a member		
1 46/16			a member	e Royal	

Filing Fee: \$25.00