L17000024382

| (Re | equestor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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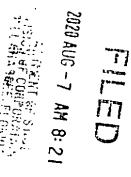
Office Use Only



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08/07/20--01020--028 **25.00

S. YOUNG



COVER LETTER

TO:

Registration Section Division of Corporations

| SUBJECT: | DA CRUZ | FLOORING LALC | • | |
|---|---------------|---|---|---|
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ondence concerning this matter | to the following: | |
| | | DANIEL D DACRUZ | | |
| | | | Name of Person | |
| | | DA CRUZ FLOORING L | LC | |
| | | | Firm/Company | _ |
| | | 8779 EXETER ST | | |
| | | | Address | · · · |
| | | FORT MYERS, FL 33907 | | |
| | | | City/State and Zip Code | - |
| | | LADYDI5460@AOL.COM | | |
| | | E-mail address: (| to be used for future annual report not | tification) |
| For further in | nformation c | oncerning this matter, please ca | all: | |
| DANIEL D | DACRUZ | | 239 601-4521 | |
| | Name o | f Person | Area Code Daytir | ne Telephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| ■ \$25.00 F | iling Fee | S30.00 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) |
| | iling Addres | | Street Address: Registration Se | ection |
| Registration Section Division of Corporations | | Division of Corporations | | |
| |). Box 632 | | The Centre of | Tallahassee |
| Tal | lahassee, l | FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DA CRUZ FLOORING LLC | | | 020 |
|--|---|---|---|
| (<u>Name of the Limited</u> | 1 Liability Company as i A Florida Limited Liability | t now appears on our records.) y Company) | AUG - |
| The Articles of Organization for this Limited Lial | bility Company were | filed on L17000024382 | and assigned |
| Florida document number | | | - F. C. |
| This amendment is submitted to amend the follow | wing: | | 是 2 |
| A. If amending name, enter the new name of t | the limited liability c | ompany here: | |
| The new name must be distinguishable and contain the wor | rds "Limited Liability Cor | npany," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicat | ble: | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo | <u></u> <u>OX)</u> | | |
| B. If amending the registered agent and/or reg agent and/or the new registered office address | | ss on our records, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | Enter Florida street address | |
| | - | , Floric | |
| | C | ity | 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------------|-----------------------------------|----------------|
| MGR | SUSAN Y MENDEZ VACA | 8779 EXETER ST, FT MYERS FL 33907 | = Add |
| | | | □Remove |
| | | | □ Change |
| | | | 🗆 Add |
| | | | □Remove |
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| Effective date, if other than the date of filing: (Optional) (If an effective date, is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the ord is filed. Dated Signature of a member or authorized representative of a member | | | | | |
|--|---|---|---------------------------------------|---------------------------------------|------------------|
| (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated | | | | | |
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| Signature of a member or authorized representative of a member | Dated | , 2020 | <u> </u> | | |
| Signature of a member or authorized representative of a member | - D | | · · · · · · · · · · · · · · · · · · · | | |
| | | Signature of a member or auth | orized representative of a memb | er | |