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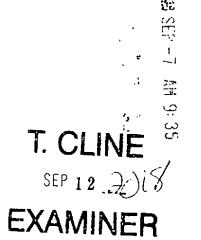
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Registration Section

TO:

 Division of Cor 	porations	:	-		
Δ11	FLOORING & REA	MONTING 110 .		•	
SUBJECT: Much	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MANUEL	A. ALFONSO Name of Person			
		Name of Person			
	ALL FLOOR	ING & REMODEL	NG LLC		
		Firm/Company			
	2980 NW	26TH ST APT A	2		
		Address			
	MAMI EL	33/42			
	<u> </u>	33/42 City/State and Zip Code			
		TO GMAIL . COM			劉
	E-mail address: (to be used for future annual report not	fication)		野 SEF
For further information c	oncerning this matter, please co	all:		t 4	- 7
MANUEL A.	ALFONSO	at (<u>786</u>) 955 -	3224	,	팣
Name o	f Person	at (<u>786</u>) <u>955 -</u> Area Code Daytim	e Telephone Number	3	9: 35
Enclosed is a check for the	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 Filir Certificate Certified C radditional co	of Statu Jopy	
	ING ADDRESS:	STREET/COUR			
	ration Section on of Corporations	Registration Section Division of Corpo			
P.O. Bo	ox 6327	Clifton Building			
Lallaha	assee, FL 32314	2661 Executive Co	enter Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL FLOORING & REMODELING LLC

(<u>Name of the Limited Liability Com</u> (A Florida Limited The Articles of Organization for this Limited Liability Compar		
The Articles of Organization for this Limited Liability Compar Florida document number <u>417000032397</u> .	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
ALL FLOORING & CONCRETE To The new name must be distinguishable and contain the words "Limited Lia	Polish 11 C bility Company," the designation	on "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		- <u></u>
Enter new mailing address, if applicable:		* * 1
(Mailing address MAY BE A POST OFFICE BOX)		1 8 ,
		Ç.
		र ज
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	a address
	70.	Florida Zip Code
	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:

or remov	ea from our records:		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Remove
			Change
		<u> </u>	☐ Change
			
			GRemove
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in effective date is ote: If the date i	other than the dat listed, the date must be inserted in this block ive date on the Depar	specific and cannot be does not meet the a	applicable statute	ing or more than 90 di ory filing requireme	_ (optional) ays after filing.) Purs nts, this date will i	uant to 605,020 not be listed a
record speci The 90th day	ifies a delayed efi after the record	fective date, build is filed.	ut not an effe	ctive time, at 1	2:01 a.m. on t	he earlier (
ited _ <i>O9/0</i>	25/2018 × fle Sign	_ ·				
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Filing Fee: \$25.00