# 47000050054

(Requestor's Name)	
(Address)	100296950
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(City/State/Zip/Phone #)	
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## **COVER LETTER**

TO: Registration Se Division of Cor		eug iz	
NAMZUG SUBJECT:	SUPERIOR FLOOR LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	uitted for filing	
	ondence concerning this matter to		
	VICTOR GUZMAN		
		Name of Person	· ···· <del>·</del>
	NAMGUZ SUPERIOR FLO	OOR LLC	
	10	Firm/Company	
	2328 SE 23 RD		
		Address	<del></del>
	HOMESTEAD FL 33035		
	VINSTALADOR@GMAIL.0	City/State and Zip Code	
		be used for future annual rep	port notification)
For further information c	oncerning this matter, please call	1:	
VICTOR GUZMAN		. 786 488-5	338
Name o	f Person	Arca Code	Daytime Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	Sand Status Status	S55.00 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 assee, FL 32314	Registration Division of Clifton Buil	Corporations ding tive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## NAMZUG SUPERIOR FLOOR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

· ·	
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L17000050054}{L17000050054}$ .	ny were filed on $\frac{03/03/2017}{}$ 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:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the ne
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
<u></u>	, 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** VICTOR GUZMAN **OWNER** 2328 SE 23 RD HOMESTEAD FL **■** Add ☐ Remove ☐ Change MGR CRISTIANA GUZMAN □ Add REMOVE CRISTINA GUZMAN ■ Remove ☐ Change □ Add ☐ Remove □ Remove : t. ☐ Change □ Add □ Remove

☐ Change

□ Add

☐ Remove

□ Change

PLEASE REMOVE CRISTINA FROM SUNBIZ AND ADD N	1E OWNER VICTOR GUZMAN
	<del></del>
03/17/2017	
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date	
ie: If the date inscrted in this block does not meet the applicable st ument's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an one of the secord is filed.	effective time, at 12:01 a.m. on the earlier of
ed MARCH 17 2017	
cu ,	

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Typed or printed name of signee

Filing Fee: \$25.00