# Florida Department of State

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(((H220001740713)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GOOD DAY TAX Account Number : 120210000158 Phone : (407)301-1108 Fax Number : (407)440-3122

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: FINCUSTONTHOORING @ GUAIL LOW

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIM CUSTOM FLOORING LLC

Certificate of Status Certified Copy 0 Page Count 05 Estimated Charge \$25.00

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### **COVER LETTER**

TO: Re Di	gistration S vision of Co	ection rporations	: · · · · · · · · · · · · · · · · · · ·	**
SUBJECT:	FIM CUS'	TOM FLOORING LLC		
		Name of Li	imited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are su	chmitted for Siling	
		ondence concerning this matte		
		WILFREDO RAMOS		
			Name of Person	<del></del>
		FIM CUSTOM FLOORI	NG LLC	
			Firm/Company	
		3831 CINNAMON FERN	1 LOOP	
			Address	
		CLERMONT, FL 34714		
			City/State and Zip Code	<del></del>
		F-mail address:	TOOP SO COL	Aic. com.
For further in	iformation co	oncerning this matter, please o		neadon)
WILFREDO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Name of	Perron	at ()	
	.vanie ot	1 (150,1	Area Code Dayum	e Telephone Number
Enclosed is a	check for the	e following amount:		
<b>≡</b> \$25.00 F		☐ \$30.00 Filing Fee & Confficate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused)
Reg Divi	ing Address istration So ision of Co Box 6327	ection orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIM CUSTOM FLOORING LLC			
(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	<u></u> )	<del></del>	
The Articles of Organization for this Limited Liability Company were filed on 04/03/2017  Florida document number L17000073953		and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
FIM CUSTOM REMODELING LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	or the abbrev	iation "L.	!C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on our records, enter that agent and/or the new registered office address here:	ne name of	the new	registered
Name of New Registered Agent:	: <del>-</del> , '	22 MAY	<u> </u>
New Registered Office Address:	- · · ·	9	
Enter Florida street address	**	PH	505 505
Flori	ida	_ <del></del>	
City		o-€ode	_ <del></del>

### 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.

4074403122

GOOD DAY TAX

p.4

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

May 16 22, 02:43p

Title	<u>Name</u>	Address	Type of Action
AMBR	CEDENO LEON, VICTOR M.	17353 CAGAN CROSSINGS BLVD	
		CLERMONT, FL 34714	
			©Change
			□Add
			□Rелюче
			□Change
			□Add
			□Remove
			🗆 Add
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			□Change
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			ПРетпоче
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ffective date, if other than the	date of filing: 05/11/2022
an encurve date is listed, the date much	St he specific and annual to the state of th
locument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
	e date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day of ar the
	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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