Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000266641 3)))



H200002666413ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ITAX GROUP, LLC
Account Number : I20140000115
Phone : (813)882-8426
Fax Number : (813)884-0263

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

Email Address: SOSFLOORINGLLC DGMAIL COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VB 11 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Y SULKER

AUG 0 7 2020

nic Filing Menu Corporate Filing Menu H

Help

2020 KUS -6 PH 4: 31

Electronic Filing Menu

TO:

COVER LETTER

TO: Registration : Division of C				
VB 11 LI SUBJECT:	.C			
	Name of Lin	nited Unability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
	pondence concerning this matter	-		
	VITOR A VIEIRA			
		Name of Person		
	VB II LLC			
		Firm/Company		
	12451 Country White Cir	12451		
		Address		
	TAMPA, FL 33635			
	(100T) 00T) (CT) 00C(1)	City/State and Zip Code		23
	SOSFLOORINGLLC@GN E-mail address: ((to be used for future annual report notifies	ition)	35 4
For further information	concerning this matter, please c	all:		: . ני על
VITOR A VIEIRA		813 501 9116		
Name	ofPerson	Area Code Daytime T	elephone Number	55
Enclosed is a check for	the following amount:			·
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is enc	us &
Mailing Addre Registration		Street Address: Registration Section	on.	

Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION. OF

VB II L.I.C					
(Name of the Lim	ited Linhility Comp (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited I	_iability Company	were filed on 04/05/201	7	and assign	ned
Florida document number L17000076758		•		-10 W.J.B.	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ollity company here:	•		
SOS FLOORING REMODELING LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbrev	iation "L.L.C	· · · ·
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		107 N MERCURY AVE		20	·
		CLEARWATER - FL		6.5	
		33765		72	777
				7.2	- -
Enter new mailing address, if applicable:		107 N MERCURY AVE		:	いい ハリー(シンシナ
(Mailing address MAY BE A POST OFFICE	BOX)	CLEARWATER - FL		. V	المآنية
		33765			(4)
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre	registered office ess here:	address on our records, <u>e</u>	nter the name of	the new r	<u>egistere</u>
Name of New Registered Agent:					
New Registered Office Address:	107 N MERCU	JRY AVE			
		Enter Florida street a	ddress		
	CLEARWATE	R - FL	_, Florida <u>33765</u>		
		City		in 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 um 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.

VITOR VIEIT 2

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

Title	Name	Address	Type of Action
			
			□Remove
			□ Remove
			☐ Change
			□Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			Remove
			(1) Change
			□Add
			□Remove
			□Change

					 . <u> </u>		
							_
					<u> </u>		
	_				<u> </u>		
						_ <u>,</u>	
					·		
					·		
		·			,,,,		1
<u> </u>					 .		
		<u> </u>	······································				
			•				
 -						 -	
		· _					
n effectiv <u>ete:</u> If th	date, if other than the date of date is listed, the date must be some date inserted in this block of seffective date on the Depart	pecific and car locs not meet	t the applicabl	tate of filing or me e statutory filin	iore than 90 days a	otional) fter filing.) Pursuan this date will not	t to 605.026 be listed a
Lament	effective date on the oction	ment of Brate	s records,				
ecord sp is filed.	ecifies a delayed effective dat	e, but not an	offective time	, at 12:01 a.m.	on the earlier of:	(b) The 90th d	ay after th
ted	AUGUST, 5th		2020				
	V	itor	Vieir	a			
	Sign	uture of a men	ber or authoriz	ed representative	of a member		