L17000115187

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COVER LETTER

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SUBJECT		K & R FLOORING SPECIALISTS LLC							
.,Objise i	' · 	Name of Lin	nited Liability Company						
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.						
		ondence concerning this matter							
		Kevin S Hurtado Varon							
			Name of Person						
			Firm/Company						
		10627 Aldo Moro Dr.							
			Address						
		Wimauma, FL 33	,598						
		kevinhurtado 1989@ 4 roc e	City/State and Zip Code						
		-	to be used for future annual report notifi	cation)					
For further	information c	oncerning this matter, please c	all:						
Kevin S Hurtado Varon			813 424-8229						
	Name o	f Person	Area Code Daytime	Telephone Number					
Enclosed is	a check for the	ne 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Address:			Street Address:						
Registration Section Division of Corporations			Registration Sect Division of Corp						
Р.	O. Box 632	7	The Centre of Ta						
T	allahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K & R FLOORING SPECIALISTS 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 Company were filed on 5/24/2017 _ and assigned Florida document number L17000115187 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kevin's Flooring and Home Improvements LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Stephanie Lopez Feliciano	10627 Aldo Moro Dr Wimauma FL 33598	= Add
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			□Change
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reffective date	if other than	r must be specifi	e and cannot	be prior to da	te of filing or i	nore than 90	lays after fili	ng) Pursuant i	to 605.0207
<u>te:</u> If the date	inserted in the tive date on th	is block does i	not meet the	e applicable.	statutory fili	ng requirem	ents, this da	de will not b	e listed as
cord specifies s filed.	a delayed effe	ective date, bu	t not an effe	ective time, a	at 12:01 a.m.	on the earl	er of: (b)	The 90th day	after the
ed \u	nuary	7th		2023.					
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		136010	HOOLU	<i>O</i> t	l representativ				

Filing Fee: \$25.00