L17000118434

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT	MAIL.
(Business Entity Name)	
(Document Number)	_
(Socialization)	
Certified Copies Certificates of .	Status
Special Instructions to Filing Officer:	_

Office Use Only



800302278728

08/14/17--01003--024 **25.00

S. WARREN AUG 1 4 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Roberts FLOORING LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jesus Martinez Rivero Name of Person Roberts Flouring LLC Firm/Company
4925 Cason (ove Dr # 424 Address
OR Lando FL 32811 City/State and Zip Code
E-mail address: (to be used for fulure annual report notification)
For further information concerning this matter, please call:
Jesus Martinez Rivero at (407) 860 - 3555 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$ \$25.00 Filing Fee \$ \$30.00 Filing Fee & \$ \$55.00 Filing Fee & \$ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appea imited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L17000118434</u>	npany were filed on _	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company h	<u>here</u> :
The new name must be distinguishable and contain the words "Limited	d Liability Company," the	designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 ===	
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addresses.		on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	lorida street address
		Florida Zip Code
You Decided Activity Simons of the principle Decided	City	Хір Со <i>де</i>
New Registered Agent's Signature, if changing Registered a		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance o int as provided for in office address. I here	of my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is eby confirm that the limited liability
	11 Changing Registered A	Agent, Signature of New Registered Agent

Page 1 of 3

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 Type of Action <u>Title</u> **Name** Address 4852 Marky Terrace
ORIANDO, EL, 32811 MGR Yonkel Sendoya _□ Remove ____ Change □ Add ☐ Remove ☐ Change □ Add __ 🗆 Remove _□ Change □ Remove _□ Change

☐ Change

	<u> </u>		
			
			_
	:		
		<u>-</u>	_ _
_			
			
			
_			
lf an effect <u>Note:</u> If	date, if other than the date of filing:	ig.) Pursuant to	605.0207 (3 listed as th
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m Oth day after the record is filed.	ı. on the ea	arlier of:
Dated	August 9 . 2017.		
	Company of the second	17 A 21 CH 21 CH	
	Signature of a member or authorized representative of a member	A G	<u> </u>
	· ·		
		ing — Ing t	
	Jesus Martinez Rivero Typed or printed name of signee	SEE FLORIDA	

Filing Fee: \$25.00