Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIG

FAM GOMEZ FLOOR INSTALLATION LLC

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

JUN 2 2 2017

Electronic Filing Menu

Corporate Filing Menu

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From: Jessica Browning Fax: (813) 932-5244

To:

Fax: (350) 617-6383

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(((H17000165555 3)))

COVER LETTER

Division of Co			
SUBJECT: FAM GC	MEZ FLOOR INSTALL	ATION LLC	
	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JESSICA BROWNIN		
		Name of Person	
	CONTRACTORS RI	PORTING SERVICE INC	
		Firm/Company	
	13795 N NEBRASK		<u> </u>
		Address	
	TAMPA, FL 33613		****
		City/State and Zip Code	
	INFO@activatemylic E-mail address: (BNSE.COM to be used for future annual report notifi	ication)
For further information of	concerning this matter, please co	ıll:	
JEGGIGA DEGIAN	W10	040 000 0044	
JESSICA BROWN	of Person	at (813) 932-5244 Area Code Daytime	Telephone Number
Enclosed is a check for :	he following amount:		
S25.00 Filing Fee	S30.00 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:

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 Tallahassee, FL 32301

Fav: (850) 617-6383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

To:

FAM GOMEZ FLOOR INSTALLATION LLC

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	5.)
	1
The Articles of Organization for this Limited Liability Company were filed on 3/29/2017	and assigned
Florida document number <u>L17000132449</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LL	C" as the objective of I C"
The new name must be distinguishable and end with the words. Limited Displiny Company. The designation LLD	C druie absreviation E.E.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	2
Truthing dutiess MAT DE ATTOM OF THE POST	7. See 7
B. If amending the registered agent and/or registered office address on our records	S of the annual
B. If amending the registered agent and/or registered office address on our records registered agent and/or the new registered office address here:	s, enter the name of the new
registered agent audior the new registered office address nere.	7 7
	100
Name of New Registered Agent:	
New Registered Office Address:	<i>5.</i> 9
Enter Florida street addres	
•••	• •
, FIGURE City	orida

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

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MGR = Manager

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

To:

AMBR = Authorized Member Title Name <u>Address</u> Type of Action AMBR DINALU CANTERA _□ ∧dd 507 HEDGE ROW RD BRANDON, FL 33510 −**≘** Remove **DINALU GOMEZ** 507 HEDGE ROW RD AMBR ■ Add BRANDON, FL 33510 _□ Remove ni. □ Add _□ Remove □ Add

. □ Remove

	Fax. (813) 902-5244	Te:	Fax: (350) 017-9383	Page 5 of 8 06/21/2017 4.38 P (((H17000165555 3
D. If amend	ing any other informat	tion, enter change(s	s) here: (Attach additional s	heets, if necessary.)

				_
E. Effective	date, if other than the	date of filing:		(optional)
E. Effective (The effective the date this	date, if other than the reduce must be specific, cannot be document is filed by the Flo	date of filing: ot be prior to date of rece orida Department of State	cipt or filed date and cannot be more	(optional) e thun 90 days after
the date thi	is document is filed by the Flo	orida Department of State	c)	(optional) e thun 90 days after
The effective (The effective the date this Dated JU	is document is filed by the Flo	orida Department of State	ript or filed date and cannot be more 7	(optional) e thun 90 days after
the date thi	s document is filed by the Flo	orida Department of State	?) <mark>7</mark> .	
the date thi	s document is filed by the Flo	orida Department of State	?) <mark>7</mark> .	
the date thi	s document is filed by the Flo JNE 21	201 Signature of a member of	c)	
the date thi	s document is filed by the Flo	201 Signature of a member of UNG	or authorized representative of a m	
the date thi	s document is filed by the Flo JNE 21	201 Signature of a member of UNG	?) <mark>7</mark> .	
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Filing Fee: \$25.00