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(Re	questor's Name)					
(Ad	dress)					
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(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
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Certified Copies	Certificates of Status					
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AUG 29 2017 J SHIVERS

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Florida Floors and Finishes 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:
Francisco Salgado Name of Person Florida Floors and Finishes LL
3035 Countryside Blvd. B14
Clearwater FL 33761  City/State and Zip Code  City/State and Zip Code
For further information concerning this matter, please call:
Francisco Salgado at (727) 678-3028  Name of Person at (727) 678-3028  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

tlopida Floors	and finishes LLC.
( <u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>LI7ØØØ138</u> 8	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u> </u>
·	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on our records, enter the name of the new s here:
Name of New Registered Agent:	HASSE SEE
New Registered Office Address:	
	Emer Florida street address
	, Florida 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 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

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	#102 Type of Action
AMBR	John Eugen	e Huber 14426 Car	#102 Type of Action Ribbean Breeze Add X add L 33613 _ Remove
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Filing Fee: \$25.00