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### **COVER LETTER**

	gistration Sect ision of Corpo			
SUBJECT:	ASA	P Floors Name of Limit	8 More LLC ted Liability Company	· •
The enclosed	l Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please returr	all correspond	lence concerning this matter t	o the following:	
		Esteppi	Name of Person	
		ASAP 1	Firm/Company	e HC
			Ver Course	
		OCALA	City/State and Zip Code	2
		Chin 2.6 E-mail address: (to	City/State and Zip Code  City/State and Zip Code  ComcAst.  o be used for future annual report notificat	NeT ion)
For further in	nformation con	cerning this matter, please ca		
Fel	Name of F	driquez Person D	at (386) 307 - Area Code Daytime Te	9249 elephone Number
		following amount:		
\$25.00 F	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:

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

#### **Recipient Information**

To: Attn: Brittany Company: Sunbiz.org Fax #: 18502456030

Sender Information

From: Felix Rodriguez
Company: ASAP Floors & More, LLC
Email address: djfire4ever@gmail.com (from 172.58.171.212)
Phone #: 3524705569

Sent on: Wednesday, December 13 2017 at 11:13 AM EST

Attn: Brittany

Thank you for all your help.

This fax was sent using the FaxZero comifree fax service. FaxZero cominas a zero tolerance policy for abuse and junk faxes. If this fax is spam or abusive, please e-mail support@faxzero.com or send a fax to 855-330-1238, or phone 707-400-6360. Specify fax #20954950. We will add your fax number to the block list.

# TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Lial</u> (A Flo	bility Company : orida Limited Liab	as it now appears ility Company)	on our records.)		
The Articles of Organization for this Limited Liability Florida document numberL170002411	y Company we 1 <u>9</u>	ere filed onl	1/20/20	DIT and as	signed
This amendment is submitted to amend the following	···				
A. If amending name, enter the new name of the l	imited liabilit	y company her	<u>e</u> :		
he new name must be distinguishable and contain the words "l	Limited Liability	Company," the de	signation "LLC" or t	***	.L.C."
Enter new principal offices address, if applicable:	_	==	· •• ·· •		
Principal office address MUST BE A STREET AD	DRESS)			- 当 - 日	<b>福</b>
Inter new mailing address, if applicable:	-			13 PH 2:	
Mailing address MAY BE A POST OFFICE BOX)	! _			5년 5	
3. If amending the registered agent and/or re egistered agent and/or the new registered office a	ddress here:				of the n
Name of New Registered Agent:	Felix	Rodr	Course	···	<u> </u>
New Registered Office Address:	540		da street address	Cik	<del></del>
	Ocal	<u>A</u>	, Florida	3447	2_
		City		Zip 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Silver Course Circ. Type of Action
MGR	Esteban Arce	Address 540 SILVER COURSE CIR. Type of Action OCAID FI. 34472 Add
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45 EF 11	mending any other information, enter change(s) here: Altach additional sheets, if neces	sary.)	
D. Har	mending any voice when		
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E. Effec	ctive date, if other than the date of filing:	otional) Ber tiling \ Pursuant to	605.0207 (3Xb)
(If an et	effective date is listed, the date must be specific and cannot be produced by statutory filing requirements.	this date will not be	listed as the
docun	ent's effective date on the Department of State's records.		
If the rec	cord specifies a delayed effective date, but not an effective time, at 12:0 and the specifies and the record is filed.	)1 a.m. on the e	earlier of:
(0)	,		
Dated	Accomber 13. 2017	So e	:
•	1. C. Mal		
	Signature of a member or authorized representative of a member	100 EC	型
	Felix Rodriguez	13 13	15
	Typed or printed name of signee		Train .
	Page 3 of 3	A CO	
	Filing Fee: \$25.00		
	·		

850-245,-6030

Atta: Brittney