

L18000012501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

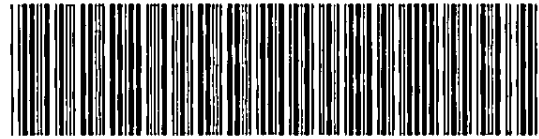
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900320079179

10/23/18--01039--021 ++95.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 NOV 20 PM 3:49

FILED

*N/C
Lmeal*

BL. VORISEK
NOV 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ULTIMATE WOOD 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:

EMANUELLE OLIVEIRA

Name of Person

CSG CAPITAL SERVICES GROUP INC

Firm/Company

446 W HILLSBORO BLVD

Address

DEERFIELD BEACH, FL 33441

City/State and Zip Code

EMANUELLE@THEWAYGROUP.BIZ

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMANUELLE OLIVEIRA

954 427.4770

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2018

EMANUELLE OLIVEIRA
CSG CAPITAL SERVICES GROUP INC
446 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

SUBJECT: ULTIMATE WOOD FLOORING LLC
Ref. Number: L18000012501

We have received your document for ULTIMATE WOOD FLOORING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Brenda L Vorisek
Director

Letter Number: 218A00023462

Vorisek, Brenda

From: Emanuelle Oliveira <Emanuelle@thewaygroup.biz>
Sent: Monday, November 19, 2018 12:49 PM
To: Vorisek, Brenda
Cc: 'Raul Nogueira'
Subject: ULTIMATE WOOD FLOORING LLC
Attachments: CSG Lobby_026520.pdf

EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

HI BRENDA, WE TALKED EARLIER TODAY, SO THE AMMENDMENT IT'S ALREADY PAID, CAN YOU TELL ME PLEASE HOW LONG IS GOING TO TAKE?

THANK YOU SO MUCH FOR YOUR HELP,

Emanuelle Oliveira

CSG – Capital Services Group, Inc.

"20 years serving the community in USA"

Headquarters:

Deerfield Beach – Boca Raton – Fort Lauderdale

446 W Hillsboro Blvd – Deerfield Beach, FL 33441

Tel 954-427-4770 fax 954-427-3443

Branches:

Miami - 1390 Brickell Ave #270 - Miami, FL 33131

Orlando – 6735 Conroy Windermere Rd #305 – Orlando, FL 32835

Boston - 391 Broadway # 303 - Everett, MA 02149

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ULTIMATE WOOD FLOORING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
18 NOV 20 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/16/2018 and

Florida document number L18000012501.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Ultimate Group Investment 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

_____, Florida _____
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

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting, printed text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 19th

2018

Signature of a member or authorized representative of a member

MARCOS REZENDE

Typed or printed name of signee