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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SERVICELL WIRELESS REPAIR CENTER, CORPA

Account Number : I2016000091 Phone : (305)635-9694

fax Number

: (305)635-9868

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

8

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ON THE ROCK FLOORINGS SOLUTION LLC

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K. SALY

JUL - 9- 2018

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## TO

H 18000 1980 143

## ARTICLES OF ORGANIZATION OF

- the Part	+ Floring SII	11 -
(Name of the Limited Liability Comm	any as it now appears on our records.) Liability Company)	2 66
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number	<del></del>	- Surgited
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited linh	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or	the abbreviation is a cold
Enter new principal offices address, if applicable:	, , , , , , , , , , , , , , , , , , ,	T. C.
(Principal office address MUST BE A STREET ADDRESS)		
TE-SEN ON CEL ADDRESS)		· <u> </u>
Enter new melling addition to		
Enter new mailing address, if applicable:		<del>_</del>
(Mailing address MAY BE A POST OFFICE BOX)		
D 16 1		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	lce address on our records, en	ter the name of the new
the new registered office address here		
Nome of New D		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City, Florida	Zip Code
ew Registered Agent's Signature, if changing Registered Agent;	•	гар Сове
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete percept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erjormance of my duties, and I ar	n familiar with and

Page 1 of 3

H 180001980143

If Changing Registered Agent, Signature of New Registered Agent

## or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
MGR	Genvanny Jose, Almenda	rez 271 NW 85th PL Mism. FL 33126	Add
			□ Remove
A 4 00			Change
<u>AMBR</u>	Roger Evelio, Rugama Gadea		<b>□</b> Add
			□ Remove
		1376 NW 3554 Mismi FL 33142	_ Change
			_□ Add
			Remove
<del></del>		** * <u>.</u> .	D'Add M
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			Remove
			Change

Filing Fee: \$25.00

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