

2/27/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC
Account Number : I20180000103
Phone : (407)374-2329
Fax Number : (407)412-5926

****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 RESIGN
PALS FLOORING LLC**

Certificate of Status	0
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2015 FEB 27 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALY

FEB 28 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **PALS 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:

CLEITON CARDOSO

Name of Person

DOMINIUM CONSULTING SEVRICES

Firm/Company

6965 PIAZZA GRANDE AVE - SUITE 206

Address

ORLANDO, FLORIDA - 32835

City/State and Zip Code

SERVICES@DOMINIUMCS.COM

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

For further information concerning this matter, please call:

CAMILA

407 374-2329
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
19 FEB 27 AM 7:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PALS FLOORING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/22/2018 and assigned
Florida document number L18000074546.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8257 GREENLEAF CIR

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FLORIDA - 33615

Enter new mailing address, if applicable:

8257 GREENLEAF CIR

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FLORIDA - 33615

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

City, Florida

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>
AMBR	ANGEL G FONSECA JIMENEZ		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARGELIS J R VAZQUEZ	8257 GREENLEAF CIR	<input type="checkbox"/> Add
		TAMPA, FLORIDA - 33615	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	EDUARDO FLORES MTRANDA	5080 VILLA NOVA RD	<input type="checkbox"/> Add
		KISSIMMEE, FL - 34746	<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

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Dated FEBRUARY, 27 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee