## 118000135855

Office Use Only



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DIVISION OF CHREER ST. 1.1

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## **COVER LETTER**

	Registration 5 Division of Co					
		NG SOLUTIONS BY ANDY, I	LLC			
SUBJEC	.l:	Name of Lin	nited Liability Company			
The encl	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
Please ro	nurn all corresp	sondence concerning this matter	to the following:			
		Andy Hernandez Alfonso				
			Name of Person			
		FLOORING SOLUTIONS	S BY ANDY, LLC			
Firm/Company						
		727 School House Rd				
		Address				
		Lakeland, FL 33843				
			City/State and Zip Code			
		E-mail address: (	to be used for future annual report not	ification)		
For furth	er information	concerning this matter, please ca	all:			
Andy Hernandez Alfonso			863 272-0705			
	Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed	is a check for	the following amount:				
<b>≡</b> \$25.0	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

FLOORING SOLUTIONS BY ANDY, 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 05/31/2018 and assigned Florida document number L18000135855 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: (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 \_\_

## 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.

City

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

Title '	<u>Name</u>	Address	Type of Action
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etive date, if other than the effective date is listed, the date in this ment's effective date on the	nust be specific and cannot b block does not meet the	applicable statutor	g or more than 90 days	optional) safter filing.) Pursua s, this date will no	nt to 605.02 be listed
	paramon or cities of the				
ecord specifies a delaye e 90th day after the re	ed effective date, bu cord is filed.	ut not an effect	ive time, at 12:	01~a.m. on the	earlier
I June 7	2018	·			
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any in	Signature of Calember of	anthorned Land	itative of a member		<del></del> -

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Filing Fee: \$25.00