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| (Req                      | uestor's Name)   |             |
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| (Add                      | lress)           |             |
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| (City                     | /State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bus                      | iness Entity Nar | ne)         |
| (Doc                      | cument Number)   |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F |                  |             |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Aguero 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:  |
| Anner N. Aguero Name of Person   |
| Aguero Flooring U.C. Firm/Company  |
| WIT IXOria Ave #16   |
| Fort Pierce, 5 34982  City/State and Zip Code  City/State and Zip Code  Graph Com  E-mail address: (to be used for future annual report polification)  |
| For further information concerning this matter, please call:   |
| Anner N. Aguero at (772) 828-7339  Name of Person at (772) Baytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status & Certificate of Status & 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**

| ART  | CICLES OF A           | <b>AMENDMENT</b>                                    | <b>A</b>   |
|--|-----------------------|---|--|
| ·  | T                     | C   | ecords.)   |
| ARTI   | CLES OF O             | RGANIZATION   | No.  |
|  | O                     | F   | 7  |
| $\cap$   |                       |   | A CONTRACTOR OF THE PARTY OF TH |
| Hanor  | Tilo                  | Service LL  | C 786 5. 75.   |
| (Name of the Limit                                     | d Liability Compa     | ny as it now appears on our r<br>liability Company) | ecords.)   |
|  | (A Florida Limited I. | nability Company)                                   |  |
| The Articles of Organization for this Limited Li       | ability Company       | were filed on 07                                    | 09 2018 and assigned   |
| Florida document number <u>L18000 14</u>               |                       | were med on   | and aseigned   |
| Florida document number                                | 22 8 17               |   |  |
| This amendment is submitted to amend the follo         | owing:                |   |  |
|  |                       |   |  |
| A. If amending name, enter the new name of             | the limited liab      | lity company here:                                  |  |
| Aguera Floor   | inc Ll                | C   |  |
| The new name must be distinguishable and contain the w | ords "Limited Liabil  | ity Company," the designation                       | "LLC" or the abbreviation "L.L.C."   |
|  |                       | NIA   |  |
| Enter new principal offices address, if applica        | able:                 |   |  |
| Principal office address MUST BE A STREE               | <u>T ADDRESS)</u>     |   |  |
|  |                       |   | ·  |
|  |                       |   |  |
| Enter new mailing address, if applicable:              |                       | NIA   |  |
|  |                       | <u></u>   |  |
| Mailing address MAY BE A POST OFFICE A                 | <u>BOX)</u>           |   |  |
|  |                       |   |  |
|  |                       |   |  |
| B. If amending the registered agent and/               | ~ -                   |   | cords, enter the name of the new   |
| registered agent and/or the new registered of          | fice address here     | 2:  |  |
|  |                       |   |  |
| Name of New Registered Agent:                          | NA                    |   |  |
|  | •                     |   |  |
| New Registered Office Address:                         | <u></u>               | Enter Florida street a                              | w.t.d=nov  |
|  |                       | rsuer r ioriaa sireel l                             | માંતા દરક  |
|  |                       |   | _, 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 NA AMBR = Authorized Member Type of Action **Title** Name <u>Address</u> \_□ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove \_□ Change □ Add ☐ Remove □ Change □ Add ☐ Remove \_□ Change \_\_ 🗆 Add ☐ Remove

☐ Change

| D. Jf ame                   | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|-----------------------------|--|
|                             | NA   |
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| (If an effe<br><u>Note:</u> | ve date, if other than the date of filing:   |
|                             | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.          |
| Dated                       | Nov 19. 2018.  |
|                             | Signature of a member or authorized representative of a member   |
|                             | Nov 19 . 2018.  Manual Manual Signature of a member of signee.  Typed or printed name of signee. |

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Filing Fee: \$25.00