## 48000/65609

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600336774486

11/11/119--51703--611 \*\*31.03



brund

## **COVER LETTER**

	Registration Se Division of Cor		<u>.</u>			
SUBJEC		loor System LLC				
SUBJEC	-1	Name of Limi	ited Liability Company			
The encl	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Camilia Lozano				
			Name of Person			
		Classic T Floor System LL	C			
			Firm/Company	<del></del>		
		7318 Texas Trail				
	Address					
	Boca Raton. Florida 33487					
		info@classictfloor.com	City/State and Zip Code			
		-	to be used for future annual report notifi	cation)		
For furth	er information co	oncerning this matter, please ca	all:		-	
Camilia	Lozano		(954) 461-4783			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for th	ne 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)	30	

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

Classic T Floor System LLC				
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now a Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited L. Torida document number L18000165609	iability Company	were filed o	n 07/09/2018	and assigned
his amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility compai	ny here:	
he new name must be distinguishable and contain the venture of the contain		ity Company,"	the designation "LLC" or th	ne abbreviation "L.L.C."
• • • • • • • • • • • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREE	<u>.I ADDKESS)</u>			
		<del></del>		
Inter new mailing address, if applicable:				<u> </u>
Mailing address MAY BE A POST OFFICE	BOX)			•:
				•
3. If amending the registered agent and	• /		s on our records, <u>en</u>	ter the name-of the ne
egistered agent and/or the new registered o	ffice address her	<u>e</u> :		T
Name of New Registered Agent:	<u>FAR</u>	413	ABUGA	ATTAS.
New Registered Office Address:	7318	TEX	AS TRL or Florida street address	
	Вос	-A- K	ATON Florida	33487 Zip Code
		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>	Address	Type of Action
AP	Daniel Lozano	7410 Champagne Place, Boca Raton, FL 33433	
			Remove
		<del> </del>	Change
AP	Farid Abugattas	7318 Texas Trail, Boca Raton, FL 33487	Add
			□ Remove
			☐ Change
		<del></del>	
		<del> </del>	☐ Remove
			Change
			Add
		<del></del>	Remove
			Change
	<del></del>		Add
			Remove
			Change
			Remove
			Change

		<del>.</del>			
<del></del>				<del></del>	
	<del></del>		<del></del>	·	_
	<del></del>				
<del></del>	· <del></del>				
				<u>.</u>	_
					_
		-			
	· <del>··</del> ··			<del></del>	_
		<del>-</del>			
	<del></del>				
ctive date, if other tha	n the date of filing: te must be specific and canno	1	((	optional)	(05.0
e: If the date inserted in t	his block does not meet the Department of State's	ne applicable statutor	y filing requirements	, this date will not be	listed
record specifies a de he 90th day after the	layed effective date, e record is filed.	but not an effect	tive time, at 12:0	01 a.m. on the ea	rlier
November 6th	20	19			
	( \( \)		() ·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00