

L18 000 268 098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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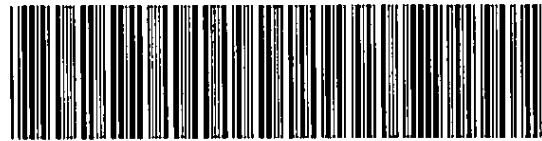
(Business Entity Name)

(Document Number)

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2021 MAY 24 PM 2:05
SOUTHERN DISTRICT OF NEW YORK
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anabel's 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:

Liliana Da Silva
Name of Person

Anabel's Flooring, LLC
Firm/Company

1006 Orchid St.
Address

Lake Placid FL 33852
City/State and Zip Code

AnabelsFlooring@gmail.com
E-mail address: (to be used for future annual report notification)

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2021 MAY 24 PM 2:06
CLERK OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Liliana Da Silva at (863) 243-3082
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Anabel's 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 4/30/2019 and assigned
Florida document number L18000268098

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Anabel's Flooring and Granite, LLC

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:

Liliana da Silva

New Registered Office Address:

1006 Orchid St

Enter Florida street address

Lake Park

City

Florida

33852

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2021 MAY 24 11:25:06
FBI - NEW YORK

7. 2. 2011
 21.04.2011 PM 2:05
 2011-04-20 PM 2:05

5/1/2021.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5/20/21

Signature of a member or authorized representative of a member

Ulrich Da Silva

Filing Fee: \$25.00