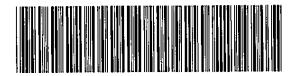
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COVER LETTER

TO:		istration Sedision of Cor			
crus,	IFCT.		ooring Group LLC		
SUB,	JECT:			ted Liability Company	
The e	enclosed	l Articles of .	Amendment and fee(s) are subi	nitted for filing.	
Pleas	se returr	all correspo	ndence concerning this matter (to the following:	
			Ruvery Sanchez		
			Sanchez Flooring Group	Name of Person	
			915 bourbon st	Firm/Company	
			Tampa / FL / 33619	Address	
			sanchezflooringgroup@ya		
				to be used for future annual report noti-	fication)
For f	urther i	nformation c	oncerning this matter, please co	all:	
Ruve	ery Sar	nchez		813 446-3932	
		Name o	f Person	Area Code Daytim	e Telephone Number
Encl	osed 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 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

	ТО	,a	<u> </u>
ARTICLES O	F ORGANIZATIO	N 2010	P4 203
	OF		
			,
Sanchez Flooring Group LLC			14 ₂ .
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on o nited Liability Company)	ur records.)	` <i>03</i>
The Articles of Organization for this Limited Liability Com	pany were filed on Decemb	er 14, 2018	and assigned
Florida document number L18000287576			-
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES			
Thirtipul office dadress MOST DE A STREET ADDRESS	<u></u>		
The state of the s			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 		
			
B. If amending the registered agent and/or registere	ed office address on our	records enter	the name of the nev
registered agent and/or the new registered office address		records, enter	THE HEATTE OF THE HE
Name of New Registered Agent:			
· · · · · · · · · · · · · · · · · · ·			_
New Registered Office Address:	Enter Florida sti	reet address	
		L'India.	
	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>	Type of Action
	Eduardo Sanchez	915 bourbon st	
MGR			⋒ Add
		Tampa, FL	
		·	□ Remove
		33619	C Kemore
		33013	
		045.0	Change
MGR	Hermelinda Sanchez	915 Bourbon st	
			= Add
		Tampa. FL	
			□ Remove
		33619	
			Change
			Add
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	ord specifies a de 90th day after th			ot an effective ti	me, at 12:01 a.m. or	i the earlier o
ated F	February 6th		2019			
		gring My				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00