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SECRETARY OF  
TALLAHASSEE FL

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DI LUCA 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:

SHUNTAL SANCIA DEAN

Name of Person

Firm/Company

S.E. 2ND AVENUE

Address

DEERFIELD BEACH, FL

City/State and Zip Code

DLFLOORINGANDESIGN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHUNTAL SANCIA DEAN

Name of Person

at ( 662 ) 609-3928

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

FILED

2017 JUN 17 PM 2:49

SECRETARY  
TALLAHASSEE, FL

DI LUCA 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 JANUARY 3, 2016 and assigned Florida document number L190000057:87.

This amendment is submitted to amend the following:

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

DL FLOORING & DESIGN, 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:

1201 S.E. 2ND AVENUE

(Principal office address MUST BE A STREET ADDRESS)

DEERFIELD BEACH, FL 33441

Enter new mailing address, if applicable:

1201 S.E. 2ND AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

DEERFIELD BEACH, FL 33441

**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**

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	WILDSOON DI LUCA	2401 NE 65TH STREET, SUITE 601	<input type="checkbox"/> Add
		FT. LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DHYAGA E. DI LUCA	2401 NE 65TH STREET, SUITE 601	<input type="checkbox"/> Add
		FT. LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHUNTAL SANCIA DEAN	1201 S.E. 2ND AVENUE	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

2022 JUN 17 PM 2:49  
SECRETARY OF STATE  
STATE HOUSE  
TAUNTON MASSACHUSETTS

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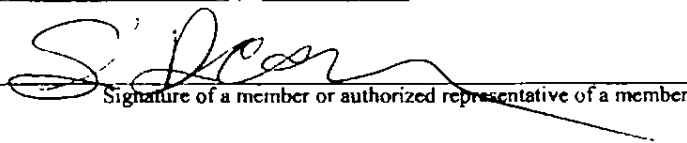
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 26, 2022

  
Signature of a member or authorized representative of a member

SHUNTAL SANCIA DEAN

Typed or printed name of signee