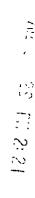
L19 0000 77328

Office Use Only



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COVER LETTER

Registration Section

TO:

Division of Cor	rporations		
KOTROCI	FLOORING LLC	e e	ye. Marian da sana da
SOBSECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ARI KOTROCI		
		Name of Person	
		Firm/Company	
	1360 ALT US 19		
		Address	
	HOLIDAY, FL 34691		
	ARIKOTROCI@GMAIL.0	City/State and Zip Code	
	E-mail address: (to be used for future annual report r	notification)
For further information c	oncerning this matter, please c	all:	
ARI KOTROCI	727 657-9598 at ()		
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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		Street Address: Registration	
Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee 1	FI 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOTROCI FLOORING LLC		2006	39 73 2:21
(Name of the Limited Liability Compa (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000077328</u> .	were filed on	03/19/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
ARTIST FLOORING & SHOWERS LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the o	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1360 ALT US	19	
(Principal office address MUST BE A STREET ADDRESS)	HOLIDAY, FL 34691		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	HOLIDAY, FL	. 34691	me of the new registere
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:	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in (f my duties, and I an Chapter 605, F.S. O	n familiar with and r, if this document is

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Add
		_	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			
			Change
			□Add
			□Remove
			Change

). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
the recor	d 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 led.
Dated	June 24 2020
	Signature of a member or authorized representative of a member
	ARI KOTROCI
	Typed or printed name of signee

Filing Fee: \$25.00