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COVER LETTER

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eun ir eer		REMODELING 360 , L.L.C.					
SUBJECT: Name of Limited Liability Company							
The enclose	d Articles of	Amendment and fee(s) are sub-	nitted for filing.				
Please retur	n all correspo	ndence concerning this matter	to the following:				
		Joel A Fernandez					
		FLOOR & REMODELING	Name of Person 5 360 . L.L.C.	· 			
			Firm/Company				
		1000 S Semoran Blvd Apt	Address				
		Winter Park , FI 32792					
		joelfernandez444@hotmail.					
For further	information c	E-mail address: (to oncerning this matter, please co	to be used for future annual report notifiable:	cation)			
Joel A Feri			407 223-7301 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed 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 AUDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLOOR & REMODELING 360, L.L.C. (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 May 1st 2019 and assigned Florida document number L19000118098 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Emer Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida _

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
MGR	Joel A Fernandez	1000 S Semoran Blvd Apt 606 Winter Park Fl 32792	
			Remove
			Change
MGR	Yanexy B Sarcos	1000 S Semoran Blvd Apt 606 Winter Park Fl 32792	
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record s The 90th	specifies a delayed a day after the rec	l effective d ord is filed.	ate, but no	an effectiv	e time, at 12:	01 a.m. on tl	he earl	lier o
ited	June 12th	,	2019	•				
	Twel	•						

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Typed or printed name of signee

Filing Fee: \$25.00