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COVER LETTER

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TO: Registration Se Division of Co				
SUBJECT: Pr	o Floors and More Name of Lim	LLC	(curre	et manue)
SOBSECT:	Name of Lim	ited Liability Compar	ny	
The analoged Articles of	Amandment and facts) are sub-	mittad for filing		
	Amendment and fee(s) are sub	_		
Please return all correspo	ondence concerning this matter	to the following:		
	Nic	olas Holgi	vin	
		Name of Fers	on	
	NICO'S CON	crete Resu	rtacing,	LLC (New)
		Firm/Compan	ıy	
	358 S.ara	chid Orive		
		Address		
	Ellentor	FL 3422	<u>a</u>	
		City/State and Zip	Code	
		OATING S		
For further information of	e-mail address: (concerning this matter, please c		аппиат герогі понт	ication)
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Kim 6	ONZALEZ	at (186 Area Cod	224	8700
Name o	of Person	Area Cod	le Daytimo	: Telephone Number
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop	рру	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre			eet Address:	
Registration Division of C			egistration Sec vision of Cor	
P.O. Box 632	-		ie Centre of T	
Tallahassee.		24	15 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Floors and More, 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 on5 8 2019 and assigned Florida document number L 19 000 135 250
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Nico's Concrete Resurfacing, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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 registere
agent and/or the new registered office address here:
APR I
Name of New Registered Agent:
No. Paristand Office Addition
New Registered Office Address: Enter Florida street address Enter Florida street address
그는 그
City , Florida = - F

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 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
			□Add
			□Remove
			□Change
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				Signature of a	member o	Holqui printedname	presentativ	e of a mem	ber		