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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

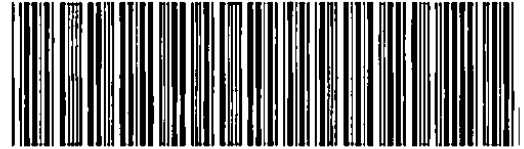
(Business Entity Name)

(Document Number)

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10/07/19--01023--014 **

OCT 26 2019
S. YOUNG

FILED
OCT 26 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Signature Flooring & Cabinets 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:

Suzan Johns
Name of Person

Signature Flooring & Cabinets LLC
Firm/Company

27930 Raven Brook Rd.
Address

Wesley Chapel Florida 33544
City/State and Zip Code

Signatureflooringfl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amine Bahoul at (813) 900-2412
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Signature Flooring & Cabinets LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

10 201
FALL 2011
11/1/11

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 219000126814

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 "LLI"

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
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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title

Name

Address

Type of

AMBR Amire Rahal
(change from mgr => AMBR)

27930 Raven Brook rd ☐ Add

Wesley Chapel FL 33544 ☐ Remove

☒ Change

MGR Frank Fulghum II
(change from AMBR => MGR)

14308 Knoll Ridge dr. ☐ Add

Tampa FL 33625 ☐ Remove

☒ Change

AMBR Marcos Milao

6712 Alden dr. ☐ Add

Tampa FL 33625 ☒ Remove

☐ Change

MGR
~~AMBR~~ Susan Johns
(change from AMBR => MGR)

1299 Masada Lane ☐ Add

Spring Hill FL 34608 ☐ Remove

☒ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 09/03/2019 .

Susan Johns
Signature of a member or authorized representative of a member

SUZAN JOHNS
Typed or printed name of signee