L19000142790

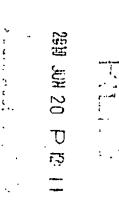
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



200330267562

06/20/19--01006--022 **30.00



EEEE S O JUL MUEINIAL IT

COVER LETTER

SUBJECT:	ngelo Floor Name of Lim	Ring LLC ited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all correspo	indence concerning this matter	to the following:	
	Nick 1	DAN 9 e 10 Name of Person	
	0'Angelo	Floor Rivis	LLC
	2795 Po	ndevosa fi	ne CT.
	Lake wo	City/State and Zip Code	33462
	E-mail address: (to be used for future annual repo	rt notification)
For further information c	oncerning this matter, please ca	all:	
Nick Name o	D'Angolo f Person	at (SE) 8 Area Code I	235-0305 Paytime Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	2 \$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)
MAIL	ING ADDRESS:	STREET/CO	DURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

				1
D Angelo	Flooring 1	LLC		
DAngelo (Name of the Limit	(A Florida Limited Liability Co	ompany)	ZEN JUH 20 P	12: 14
The Articles of Organization for this Limited L	iability Company were file	ed on <u>5/2</u>	19/19	and assigned
Florida document number L 190014	12790		hafanish bulas is	<i>→ •</i>
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liability com	pany here:		
The new name must be distinguishable and contain the v	words "Limited Liability Compa	iny," the designati	on "LLC" or the abbrevi	ation "L.IC."
Enter new principal offices address, if applie	:able:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				 -
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		···	
			·	
B. If amending the registered agent and	~··	iress on our	records, enter the	name of the
registered agent and/or the new registered o	flice address here:			
Name of New Registered Agent:	NicHoLas	5 0 7	inge10	
New Registered Office Address:	NicHoLas 2795 Ponc	Leve Sa Enter Florida stre	pine et address	<u>eT</u>
	hake we	orth	Florida _ - f 	334/6
	City .		Z	ip 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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
			Add
			П Rетюче
			Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
·····			Add
			☐ Remove
			Change
			
			Remove
			Change
			Remove
			Change

. 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 605.0
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
b) The 90th day after the record is filed.
Dated ,
Signature of a member or authorized representative of a member
Typed or plated name of signee
Timedor adoles and of classes
LADOR OF DURING OF STRUCK

D. 11 amending any other information, enter change(s) here: (Allach daditional sneets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00