

L19 000163266

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
19 JUN 26 PM 12:10

*Amend*

03 07 00

D CUSHING

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HYLAND WOOD FLOORS 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:

AVIVA EYAL  
Name of Person

HYLAND WOOD FLOORS LLC  
Firm/Company

19232 CLOISTER LAKE LANE  
Address

BOCA RATON, FL 33498  
City/State and Zip Code

AVIVAEYAL@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AVIVA EYAL at ( 561 ) 452-4422  
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

FILED  
OFFICE OF STATE  
CORPORATIONS  
19 AUG 26 PM 12:10

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

HYLAND WOOD FLOORS 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 on JUNE 20, 2019 and assigned Florida document number L19000163266.

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 "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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

AVIVA EYAL

New Registered Office Address:

19232 CLOISTER LAKE LANE

Enter Florida street address

BOLA RATON

City

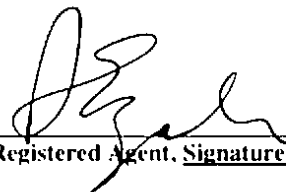
Florida

33498

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 being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JACOB EYAL	19232 CLOISTER LAKE LANE	<input type="checkbox"/> Add
		BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	AMOS EYAL	19232 CLOISTER LAKE LANE	<input type="checkbox"/> Add
		BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AVIVA EYAL	19232 CLOISTER LAKE LANE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33498	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Lined area for amending information.

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 605.0207 (3)(b)

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

If the record 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 record is filed.

Dated August 22nd, 2019

Handwritten signature of a member or authorized representative of a member

JACOB EYAL

Typed or printed name of signee