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H220000095553ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NAPEX FINANCIAL SERVICES LLC

Account Number : I20210000104 Phone : (561)305-6436 Fax Number : (561)880-9444

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JM HARDWOOD FLOORS LLC

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Help. LEMIEUX JAN 10 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A ...

JM HARDWOOD FLOORS LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our recor <u>ds.</u>)
The Articles of Organization for this Limited I lorida document number	Liability Company were filed on	06/21/2019 and assigned
his amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :
The new name must be distinguishable and contain the Enter new principal offices address, if appli	cable:	designation "LLC" or the abbreviation "L.L.C."
Principal office address MUST BE A STREA	ET ADDRESSI	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
3. If amending the registered agent and/or gent and/or the new registered office addre		records, enter the name of the new regist
Name of New Registered Agent:	CESAR AUGUSTO DOS SANT	
New Registered Office Address:	2372 BAY LEAF DR	
•		riaa sireei aaaress
	ORLANDO	, Florida 32837 ²
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALINE RABELO MELO	2372 BAY LEAF DR	■Add
		ORLANDO. FL 32837	□ Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
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			□Change

				
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ffective date, if other than the o	late of filing:		(optional)	
ffective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be prior	to date of filing or more tha	n 90 days after filing.) Pursuar	nt to 605,020 be listed a
locument's effective date on the De	partment of State's records.	tine statutory ninig requ	nementa, tina date win tue	or marca u
record specifies a delayed effective	date, but not an effective tir	ne, at 12:01 a.m. on the	carlier of: (b) The 90th d	lay after the
d is filed.				
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Dated		_ ·		
Dated	,	The state of the s		
Dated JANUARY 6	Signature of a member or autho	A representative of a m	nember	