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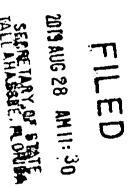
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COVER LETTER

TO: Registration S Division of Co			
	ORING LLC		
SUBJECT:	Name of Lin	nited Liability Company	-
		•	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARIA M. CALDAS-LO	PES	
		Name of Person	<u> </u>
	MADE IN BRAZIL SERV	/ICES	
		Finn/Company	
	12811 KENWOOD LANE	E STE.#208	
	FORT MYERS, FL 33907	Address	
	MADEINBRAZILSERVIC	City/State and Zip Code ES@HOTMAIL.COM	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
MARIA M. CALDAS-LOPES		239 810-6079 at ()	
Name	of Person		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 ARTICLES OF ORGANIZATION OF

BFX FLOORING 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 $\frac{07/08/2019}{-}$ and assigned Florida document number ______119000176169 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) AlG 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 registered agent and/or the new registered office address here: All Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Alvi	
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>	Type of Action
MNGR	CACILDO FERNANDO CAMARGO	1619 RED CEDAR DRIVE APT.#23, FORT MYERS, FL 133404	Add
			Remove
			Change
			Remove
			Change
			Remove
			Change
			□ Remove
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			□ Remove
			□ Change

	NIA
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Effec	tive date, if other than the date of filing:
(If an e Note:	fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
) The	90th day after the record is filed.
Dated	Chutcan Fennando Comargo Signature of a member or authorized representativo of a member
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	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00