L19000184447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

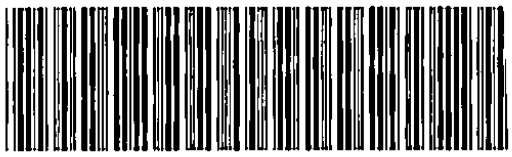
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SEP 25 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Arm Flooring Plus 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:

Robinson Cancelado
Name of Person

Arm Flooring Plus LLC
Firm/Company

112 Essex Ave 26 D
Address

Altamonte Springs FL 32701
City/State and Zip Code

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

For further information concerning this matter, please call:

Robinson Cancelado at (407) 860-4413
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

TO
ARTICLES OF ORGANIZATION
OF

ARM Flooring Plus 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 06/26/2019 and Florida document number _____.

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 "

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) _____

_____

2019 SEP 16 AM 10:08

B. If amending the registered agent and/or registered office address on our records, enter the name 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docu being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilit company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type
Owner	ROBINSON CANCELADO	112 ESSEX AVE 26 D Altamonte Springs FL 32	☑
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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 6t

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis 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 earli

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

Dated 09/09/19

Signature of a member or authorized representative of a member

ROBINSON Cancelado

Typed or printed name of signee

Filing Fee: $25.00