L19000184447

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Harrie)
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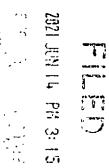
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COVER LETTER

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	ARM FLO	ORING PLUS I	LLC							
SUBJECT	Name of Limited Liability Company									
The enclose	ed Articles of	Amendment an	d fee(s) are subm	itted for filing.						
Please retur	n all correspo	ndence concern	ing this matter to	the following:						
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		KOBINSO	N CANCELADO							
				Name of Persor	1			-		
								(2)	202	
			.5\	Firm/Company				-1	2021 JUN	8
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		Altamonte	Springs, FL. 3270)1				1,	<u>ب</u>	`~.
		ARMELOO	RINGPLUS@GN	City/State and Zip C	lode			•	ហ	
				be used for future an	inual report noti	lication)				
For further i	information co		natter, please call			•				
	N CANCELA	_	•	407	860-4413					
	Name of	l Person		at (Area Code) Daytim	e Telephon	e Number			
					•	.,				
Enclosed is	a check for th	e following am	ount:							
S \$25.00 Filing Fee ☐ \$30.00 Filing Fee Certificate of Star			Certified Copy Cert (additional copy is enclosed) Cert		Certificat Certified	00 Filing Fee, ificate of Status & ified Copy ional copy is enclosed)				
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	iling Address gistration S				et Address: istration Se	ction				
Division of Corporations Division of			ision of Cor	Corporations						
\	D. Box 632° llahassee, F				Centre of T 5 N. Monro			10		
1.0	manassee, I				ahassee, FL		Suite 8	10		

'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARM FLOORING PLUS LLC	Near on our seconds)
(Name of the Elmited Liability Company as it now as (A Florida Limited Liability Compa	my)
The Articles of Organization for this Limited Liability Company were filed or 1.19000184447	1 (%/26/2019 and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability compan	<u>y here</u> :
ARM PRO SERVICES LLC	
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	292
Principal office address MUST BE A STREET ADDRESS)	
	ather path * .)
	क र्रेडि
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	-35
3. If amending the registered agent and/or registered office address on o	ur records, <u>enter the name of the new reg</u> i
gent and/or the new registered office address here:	
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 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.

City

MGR = N $AMBR = A$	danager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ctive date, if other than the	e date of filing:	(optional)	
effective date is listed, the date mu	est be specific and cannot be prior to date	of filing or more than 90 days after filing.)	Pursuant to 605.02
ent's effective date on the D		atutory filing requirements, this date v	viii not be tisted
ord specifies a delayed effective	ve date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The	90th day after th
filed.			·
MAYO 14	2021		
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Typed or printed name of signee