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COVER LETTER

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TO:

	Registration Se Division of Cor			
eud IE		DORING SERVICES, LLC		•
SUBJEC	.l:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Vanessa Vega		
			Name of Person	
		A.A.A. FLOORING SERV	/ICES, LLC	
Firm/Company				
208 6th ave s.e.				
			Address	
		Ruskin, FL 33570		
			City/State and Zip Code	
		vegavanessa304@gmail.com		
		E-mail address: (to be used for future annual report no	otification)
For furth	er information o	oncerning this matter, please c	all:	
Samanth	a Martinez		813 335-6211 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	l is a check for t	he 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 Addres Registration 9		Street Address: Registration S	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	Tallahassee
	Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.A.A. FLOORING SERVICES, 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 08-08-2019	and assigned
Florida document number L19000202423	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Quality Flooring and Remodeling Services, LLC		
The new name must be distinguishable and contain the words "I	imited 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 AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	Cin	Zio 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 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>	Address	Type of Action
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			□Remove
			□Change
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(If an effe <u>Note:</u> I	re date, if other than the date of filing: 01012022 (optional) etive 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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.
he record ord is file	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
Dated _	April 26 . 2022.
	April 26 2022. Vanessa Vega Signature of a member or substitute of a member

Filing Fee: \$25.00