## L19000203662

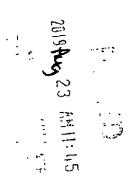
(Re	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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08/23/19--01012--001 \*\*25.00



R WHITE



September 3, 2019

PABLO M. REYNA 1292 E 10TH ST APOPKA, FL 32703

SUBJECT: NUMBER 1 FLOOR DOCTOR, LLC

Ref. Number: L19000203662

We have received your document for NUMBER 1 FLOOR DOCTOR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

We can find no record of the entity named in your document. If this is the correct name, please provide us with the document number, or any other documentation supporting that this entity is registered with the Division of Corporations.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 719A00018084

Rebekah White Regulatory Specialist II Supervisor

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJI		Floor Doctor, LLC		
301141		Name of Lim	nited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Pablo M. Reyna		
		<del>-</del>	Name of Person	
		Number 1 Floor Doctor, L	LC	
			Firm/Company	
		1292 E 10th Street		
		·	Address	
		Apopka, FL 32703		
		Newells 1903@gmail.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
			to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	·	
Pablo i	M. Reyna		at () 719-7224 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■</b> \$25	5.00 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 TO ARTICLES OF ORGANIZATION OF

Number I Floor Doctor, LLC The Articles of Organization for this Limited Liability Company were filed on  $\frac{08/09/2019}{}$ and assigned Florida document number <u>L19</u>000203662 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Floor Transformer, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent 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

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>	Address	Type of Action
			🗆 Remove
			Change
			🗆 Add
			□ Remove
			D Change
			🗆 Add
			Remove
			Change
			D Add
			□ Remove
			🗆 Change
			🗆 Add
		<del></del>	□ Remove
			Change
			□ Add
			_□ Remove

\_□ Change

	<u> </u>
2.150	
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
<b>I</b> .	September 11 2019
Dated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00