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2022 MAR IO AM IO: 30
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Cf 3/18/2022

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

AR7 Group.				
JUDGECT:	Name of Limi	ted Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Arthur Nascimento			
		Name of Person		
	AR? Group, LLC.			
		Firm/Company		
	3349 S. Kirkman Rd. Unit	1517		
		Address	 	
	Orlando, FL 32811			
		City/State and Zip Code		
	info@flooredsolutions.com	to be used for future annual report not	ilication)	
For further information c	oncerning this matter, please ca			
Arthur Nascimento		407 205-2085		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ic 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		Street Address:	estion.	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

AR7 Group, LLC.

2022 HAR 10 AM 10: 30

(Name of the Limite	ed Liability Compan	v as it now appears on our rec	cords. REACT :
l	(A Florida Limited Ei	ability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Li.	ability Company s	ears filed on 08/15/2019	and assigned
		vere med on	and assigned
Florida document number L19000208496	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liabil	ity company here:	
Floored Solutions and Services, LLC			
The new name must be distinguishable and contain the w	ords "Limited Labili	y Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	(same as previous)	
• •			
(Principal office address MUST BE A STREE	I ADDIKESSI		
Enter new mailing address, if applicable:		(same as previous)	
(Mailing address MAY BE A POST OFFICE :	<u>BON)</u>		<u> </u>
B. If amending the registered agent and/or r	egistered office a	ddress on our records, <u>er</u>	nter the name of the new registered
agent and/or the new registered office address	<u>ss here</u> :		
Name of New Registered Agent: (same as previ		1S)	
New Presistand Office Address:	(same as previous	18)	
New Registered Office Address:	<u> </u>	Enter Florida street ac	ldress
	Orlando		Florida 32811
		Cay	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
		o to and in this converts	I further caree to comply with the
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my dutie rovided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
Secondary and the second secon			

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
			
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record d is fil	d specifies a delayed effective d led.	ate, but not an effec	tive time, at 12:0	I a.m. on the earl	ier of: (b) The 90t	h day after tik
ated .	17th of February	2022	<u> </u>	i		
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