

L19000 213 337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

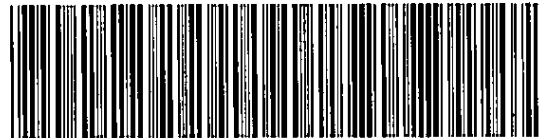
(Business Entity Name)

(Document Number)

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09/03/19--01009--006 \*\*25.00

FILED  
19 SEP 26 AM 8:31  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

SEP 27 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2019

JOSUE DAVID RIVERA CORDOVA  
GOODWILL FLOORING LLC  
10915 KINGSBRIDGE ROAD  
PORT RICHEY, FL 34668

SUBJECT: GOODWILL FLOORING LLC  
Ref. Number: L19000213337

We have received your document for GOODWILL FLOORING 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):

NOTHING IS FILLED OUT ON FORM, WHAT CHANGES ARE YOU MAKING

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 419A00018843

2019 SEP 26 PM 12:19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Goodwill Flooring 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:

Josue David Rivera Cordova  
Name of Person

Goodwill Flooring LLC  
Firm/Company

10915 Kingsbridge Road  
Address

Port Richey, FL 34668  
City/State and Zip Code

joshuarivera14@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josue David Rivera Cordova at ( 727 ) 226-7360  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Goodwill Flooring LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
19 SEP 26 AM 9:31  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/21/2019 and assigned  
Florida document number C19000213337.

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 "L.L.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*

\_\_\_\_\_, 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 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Josue David Rivera Cordova	10915 Kingsbridge Rd. Port Richey, FL 34668	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 09/23/2019

Josue David Rivera Cordova

Typed or printed name of signee