Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Te:

Division of Corporations

Fax Number : (850) 617-6383

From:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRANKIE FLOORING, LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

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Help

ET LegalZoom.com, Inc. From: Laura Rodriguez TO: +13239624521 , P. 2

COVER LETTER

TO:	Registration Sec Division of Corp			
CLIDY		LOORING, LLC		
SUBJ	ECT:	Name of Limit	ed Liability Company	
		Amendment and fee(s) are subm		
Please	return all correspon	idence concerning this matter to	o the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		roman@tile-stone.biz		
		E-mail aildress: (to	n he used for flitture annual report notifi	cation)
For fu	ether information co	oncerning this matter, please ca	II:	
Chey	enne Moseley		800 773-0888	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e 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 To: Page 4 of 6 2020-01-07 12:17:49 PST LegalZoom.com, Inc. From: Laura Rodriguez 12/28/2019 11:27 PM FROM: Staples TO: ± 13239624521 P. 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANKIE FLOORING, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L19000260956	any were filed on 10/17/2019	and ussigned
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 LEnter new principal offices address, if applicable:	iability Company," the designation "LLC" or	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 5255 Winter Park, FL 32793	9020 1.1.1.1
		<u></u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		- : : 5
New Registered Office Address:	Enter Florida street address	
at the design of the second of	, Flori	
	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

To:	Page 5 of 6	•		2020-01-0	07 12:17:49 PST	LegalZoom.co	om, Inc.	From: Laura Rodrige	uez
12	/28/2019	11:27 PM	FROM: Sta	ples	TO:	+13239624521	Ρ.	4	

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
AMBR	Murin Rodriguez, Frankie	110 Jergo Rd.	
		Winter Park, FL 32792	□ Remove
			☐ Change
			□ Rcmove
			□ Change
	VICTOR		□ Add
			☐ Remove
			☐ Change
			☐ Add
			□ Remove
			☐ Change
			☐ Add
			П Кеточе
			Change
			Add
			□ Remove
			☐ Change

/28/2019	11:27 PM	FROM: Stap	les	TO:	+13239624521	P.	5
D. If amend	ling any other in	formation, enter c	hange(s) here: (Attach additional	l sheets, if necessary.)		
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E. Effective	e date, if other th	an the date of filin	g;		(aptional)		
(If an effect Note: If	tive date is listed, the the date inserted in	date must be specific an this block does not:	d cannot be prior to o meet the applicabl	late of filing or more e statutory filing re	than 90 days after filing.) equirements, this date w	Pursuant to 60 rill not be li:	15.0207 (3)(b) sted as the
		n the Department of					
If the reco	rd specifies a d Oth day after ti	elayed effective he record is filed	date, but not a	n effective tim	e, at 12:01 a.m. o	n the ear	lier of:
(0) 1110 3	oth day area c	ne record is thed	,				
Dated	DECOMBE	z 28.	2019	,			
		z 28, Gunbie	0-				
		tanbil	Mari	ed representative of	a member		
		Pignature of a	memoer or anthony	co representative of	a menioci		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00