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Certified Copies	_ Certificates	of Status
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#### **COVER LETTER**

Registration Section

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

TO:

Nationwid	e Floor Covering LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mariano Rincon		
	Nationwide Floor Covering	Name of Person	
	110 Bonaventure Blvd Apt	Firm/Company	
	Weston, FL. 33326	Address	——————————————————————————————————————
	nationwidefloorcovering@g		
For further information	ti-mail address: ( concerning this matter, please ca	to be used for future annual report notificall:	anon)
Mariano Rincon		636 542-3524	4
Name	of Person	Area Code Daytime	Telephone Number 201
linelosed 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)
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIE Registration Section Division of Corporat	

Clifton Building

2661 Executive Center Circle

Tallahassee, Fl. 32301

··· ,

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nationwide Floor Covering LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 10/22/2019 and assigned
florida document number 1.19000264594	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company bere:
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	1 m
	:
	-
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	· ·
	- 21
	10
<ol> <li>If amending the registered agent and/or registered off registered agent and/or the new registered office address here</li> </ol>	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	tine i ap am si cei amb em
	, Florida
	City Zin 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>	Type of Action
MGR	Maria Rincon	110 Bonaventure Blvd Apt 207, Weston Fl 33326	
			■ Remove
			Change
MGR	Mariano Rincon	110 Bonaventure Blvd Apt 207, Weston Fl. 33326	Add
			Remove
			Change
		<del></del>	
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			Remove
			□ Change
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L'Charti	ve date, if other than the	o data of filing:		(optic	unal)
[If an effe Note:	ctive date is fisted, the date mu if the date inserted in this b ent's effective date on the f	ist be specific and cannot lock does not meet the	e applicable statutor,	g or more than 90 days after	filing.) Pursuant to 605.020
	ord specifies a delaye 90th day after the rec		but not an effect	ive time, at 12:01 a	.m. on the earlier o
Dated (	Detober 22	2019	9		
Datea_	11/	;	<del></del>		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00