119000299722

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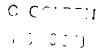
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COVER LETTER

	Registration Se Division of Cor			
STIB ICA		LOORING LLC		
SCBJE,C	·	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		CARLOS PEREZ		
			Name of Person	
		C PEREZ PROFESSIONA	AL SERVICES INC	
			Firm/Company	
		4343 W WATERS AVE		
			Address	
		TAMPA, FL 33614		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For furthe	er information c	oncerning this matter, please ea	ıll:	
CARLOS	S PEREZ		813 2492300	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
3 \$25.0	0 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, Ft. 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



	2020 J 13	PH 2: 25
DIMITRI FLOORING LLC		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 01/01/2020	and as	signed
Florida document number L19000299722		
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 "I	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, <u>cregistered agent and/or the new registered office address here</u> :	enter the name	of the new
Name of New Registered Agent:		
New Registered Office Address: Emer 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
AMBR	DEMIS L HERNANDEZ FERNANDEZ	8832 BRENNEN CIR APT 306	
		TAMPA FL 33615	Remove
			□ Add
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ective date, if other than the dan effective date is listed, the date must be the lift the date inserted in this block cument's effective date on the Department.	does not meet the appli-	cable statutory filing i	(optional) than 90 days after filing.) F equirements, this date w	Pursuant to 605.0207 ill not be listed as
record specifies a delayed e The 90th day after the recor	ffective date, but no d is filed.	ot an effective tin	ne, at 12:01 a.m. oi	n the earlier of
ted	2020	·		
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C)) 9 m	norized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00