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TO:

TO: Registration Division of C			
	FLOORING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ROSEMARY MARKS		
		Name of Person	
	RDM BOOKKEEPING S	ERVICE & CONSULTING COR	P
	 	Firm/Company	
	2300 W SAMPLE RD ST	E 210	
		Address	
	POMPANO BEACH-FL.	33073	
		City/State and Zip Code	
	rdmbookkeepingservice@g		···
For further information	E-mail address: (n concerning this matter, please o	to be used for future annual report no all:	tification)
ROSEMARY MARK	S	781 443-2789	
Nam	e of Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check fo	r 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)
P.O. Box 6	n Section Corporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monre	prporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAIRES FLOORING LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/14/2020	and assigned
Florida document number L20000021603		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		75°C 23
		2 P
		25 P
Enter new mailing address, if applicable:		350 79 111
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Provide the second	
	Enter Florida street address	
	, Flor	ida
	S are	ZHI COW

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>	Address	Type of Action
VP	RAMOS DE ARAUJO, ADRIANC	2680 ELMWOOD ST	□Add
		FORT MYERS, FL 33901	≅ Remove
			□Change
P	DE FREITAS CAIRES, EDELSON	2680 ELMWOOD ST	□Add
		FORT MYERS, FL 33901	
			■Change
			∐Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			bbA⊡
			□ Remove
		 	Change
ATTACA - 1.2.174.			□Add
			Remove
			□Change

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(If an <u>Not</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	d July 17th 2023
	signature of a member of authorized representative of a member

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Filing Fee: \$25.00