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SECRETARY OF STATE TALLAHASSEELFLORIO!

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: <u>CAli</u>	Tile Expension	215 LLC ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Yefri E. L	Name of Person	20NO_
		Firm/Company	
	3400 NM	15th Tep. #70	<u>C2</u>
	Pompano	Beach, FT 3 City/State and Zip Code	3060
-	gelanda E-mail address: (10	City/State and Zip Code' Z P C C C C C C C C C C C C C C C C C C	COV
For further information conc	erning this matter, please cal	II:	
Vefri Lav		at (<u>ASU</u>) <u>United</u> Daytime T	- 3948 Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	etion	Street Address: Registration Secti	on

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Ali life experts LLC	. —	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on _		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here:	
CAli Flooring Express LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:	¥0.	2021
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u> </u>
·	HAS	20
Enter new mailing address, if applicable:	(M) (제신 (제신	3 .
Mailing address MAY BE A POST OFFICE BOX)		ř.
	•••	G C
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	r records, <u>enter the name of</u>	the new registe
Name of New Registered Agent:		
New Registered Office Address: Enter F	Florida street address	
	, Florida	
	rioma	

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
			Change
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			□ Remove
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Tective date, if other than the neffective date is listed, the date mate: If the date inserted in this cument's effective date on the	nust be specific and canno block does not meet th	re applicable statuti	ling or more than 90 day	(optional) es after filing.) Pur ts, this date will	suant to 6 not be li	
sament 5 creetive date off the			01 a.m. on the earlier	of: (b) The 90	th day at	fter the
ecord specifies a delayed effect is filed. ted <u>FEXXVARY</u> Vym L13m		<u>000</u> .				

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