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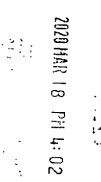
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COVER LETTER

TO:

TO: Registration Division of C			
	LOORING SERVICES LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	RICARDO REBOLLAR S	SPLORZANO	
		Name of Person	
	RIKIM FLOORING SER	VICES LLC	
		Firm/Company	
	117 MAGNOLIA LN		
		Address	
	TAMPA FL		
	E-13ESTRELL@HOTMAI	City/State and Zip Code	
	-	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all;	
RICARDO REBOLLA	R SOLORZANO	813 777-7704	
Name of Person		Area Code Daytim	c Telephone Number
Enclosed 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)
Mailing Addre Registration Division of (P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	2)		
The Articles of Organization for this Limited Liability C Florida document number 1.20000055602	ability Company were filed on 02/18/2020 an			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and contain the words "Lin	distribution Community of the state of the state of	- 2		
The new name must be distinguishable and contain the words 1,1n	ited Clability Company, the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)	18		
		TO : 4 :		
		<u>.</u>		
Enter new mailing address, if applicable:		. 02		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered	d office address on our records, enter t	he name of the new register		
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flor			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered	d 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RICARDO REBOLLAR SOLORZ	117 MAGNOLIA LN	
		TAMPA FL 33610	□Remove
			□ Change
MGR	EPIFANIO CARRILLO	8602 GRANDVIEW DR	
		TAMPA FL 33617	20 Add 2
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