

L20 000055923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

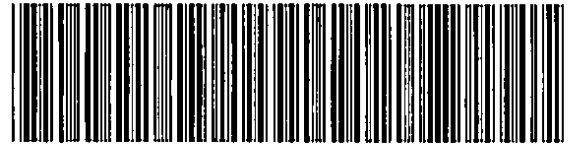
(Business Entity Name)

(Document Number)

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MAR 16 2020  
MAR 16 2020

O SIMMONS  
MAR 27 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FLOORING AND MORE RA LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT AHABABIN

\_\_\_\_\_  
Name of Person

FLOORING AND MORE RA LLC

\_\_\_\_\_  
Firm/Company

8822 THOMAS OAKS DRIVE APT 215

\_\_\_\_\_  
Address

TAMPA , FLORIDA 33626

\_\_\_\_\_  
City/State and Zip Code

AHABABIANROBERT@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT AHABABIAN

801 739-4404

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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 Address:**

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

**Street Address:**

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

**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>	<u>Type of Action</u>
AMBR	ROBERT AHABABIAN	8822 THOMAS OAKS DRIVE APT 215	<input type="checkbox"/> Add
		TAMPA , FL 33626	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	ROBERT AHABABIAN	8822 THOMAS OAKS DRIVE APT 215	<input type="checkbox"/> Add
		TAMPA FL 33626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	ROBERT AHABABIAN	8822 THOMAS OAKS DRIVE APT 215	<input type="checkbox"/> Add
		TAMPA , FLORIDA 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	ROBERT AHABABIAN	8822 THOMAS OAKS DRIVE APT 215	<input type="checkbox"/> Add
		TAMPA , FLORIDA 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	ROBERT AHABABIAN	8822 THOMAS OAKS DRIVE APT 215	<input type="checkbox"/> Add
		TAMPA , FLORIDA 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	ROBERT AHABABIAN	8822 THOMAS OAKS DRIVE APT 215	<input type="checkbox"/> Add
		TAMPA , FLORIDA 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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02/20/2020

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 03.12.2020

*Ad*

ROBERT AHABABIAN

Typed or printed name of signee

**Filing Fee: \$25.00**