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(Per	uestor's Name)	
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(City	//State/Zip/Phone	· #)
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COVER LETTER

TO: Registration Sec Division of Corp			
eupuror.	Floring Con	moon. Llc.	
SUBJECT:	Tlooring Cov	ted Liability/Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	ndence concerning this matter to	o the following:	
	Salvad	los Garcia Valenc	ia
		Name of Person	
		Firm/Company	
	604 5946	Ave E Apt A	
		Address	
	Ba	School FL 3420 3	3
		City/State and Zip Code	
	E-mail address: (to	Salvador 95 @ Gra o be used for future annual report politic	ail.com
For further information co	oncerning this matter, please ca	II:	
Salvador	Garcia	at (<u>941)</u> 301 - 0	0635
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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		Street Address:	
Registration S Division of Co		Registration Sect	
Division of Co		Division of Corpo	orarions

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZJ T-la	oring C	ompany L		" 20 Pil 4: 09
(Name of the Limited	1 Liability Compa A Florida Limited	ny as it now appears o Liability Company)	n our records.)	
(Name of the Limited Liability Company as it how appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liab	ility company here	:	
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the desig	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
		address on our reco	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	_Salv	odor Garci	a Valencia	
New Registered Office Address:	604	59th Ave E	street dddress	
				34203 Zin Code
		City		Zip Code

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
MGR	Salvador Garaia	604 5976 Ave E	⊠Add
		Apt. A, Bradenton, FL	□Remove
		34203	□Change
<u>MGZ</u>	ABEL B GARCIA	604 59th Ave E	🗆 Add
		Apt A, Brodenton, FL	ARemove
		34703	□ Change
MGR	Guadalupe Alvila VALDOVINOS	604 5916 Ave E	\\ \times Add
	VALDOVINOS	Apt A, Bradeston FC	□Remove
		34203	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change

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ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	
	e
May 15 2020.	
ALO ROUTE ID	
Signature of a member or authorized representative of a member	