

120 000186818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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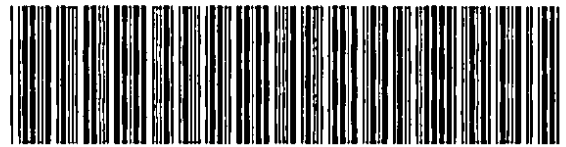
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 MAY -5 AM 10:57

J. DENTON
JUN 28 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VILORIA FLOORING 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

LUIS GERARDO VILORIA JAIME

Name of Person

VILORIA FLOORING LLC.

Firm/Company

3347 CELENA CIRCLE ST. CLOUD FLORIDA

Address

ST CLOUD FLORIDA

City/State and Zip Code

34769

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS GERARDO VILORIA JAIME

407

3691766

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

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

VILORIA FLOORING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/28/2022 and assigned
Florida document number L20000186818.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NONE

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NONE

(Principal office address MUST BE A STREET ADDRESS)

NONE

NONE

Enter new mailing address, if applicable:

NONE

(Mailing address MAY BE A POST OFFICE BOX)

NONE

NONE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NONE

New Registered Office Address:

NONE

Enter Florida street address

NONE

City

Florida

NONE

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LUIS GERARDO VILORIA JAIME	3347 CELENA CIRCLE ST. CLOUD FLORIDA 34769	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JULYANN CAROLINA PRADA CONTEERAS	3347 CELENA CIRCLE ST. CLOUD FLORIDA 34769	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRGR	VILORIA, LUIS I. SR	10825 WINDSOR WALK DR ORLANDO FLORIDA	<input type="checkbox"/> Add
		32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PRADA, JULYANN J	10825 WINDSOR WALK DR ORLANDO FLORIDA	<input type="checkbox"/> Add
		32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. Effective date, if other than the date of filing: 04/28/2022 (optional)

(If an effective 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 04/28/2022

12:51 PM

Luis Victoria
signature of a member of authorized representative of a

Signature of a member or authorized representative of a member

LUIS GERARDO VILORIA JAIME

Typed or printed name of signee

Filing Fee: \$25.00