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COVER LETTER

TO: Registration Section **Division of Corporations** NRO I BROTHER FLOORING LLC SUBJECT: 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: MARIUSKA BRITO Name of Person BRITO TAX AND ACCOUNTING CORP Firm/Company 1695 NW 110TH AVE SUITE 214 Address MIAMI, FL 33172 City/State and Zip Code BRITOTAXCORP@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLOS LUIS DIAZ Name of Person Enclosed is a check for the following amount: ■ \$25,00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

NRO I BROTHER FLOORING LLC	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L20000289240</u>	e filed on 09/15/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
BROTHERS FLOORING & KITCHEN LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2023
	TAR TI
	47 T
Enter new mailing address, if applicable:	
Iailing address MAY BE A POST OFFICE BOX)	
	4 .
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ess on our records, enter the name of the new regineration of the new reginera
	, Florida
	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 of removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Change
			□Remove
			□ Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□Add
			□Remove
			Change
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (1f 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. Signature of a member or authorized representative of a member CARLOS LUIS DIAZ Typed or printed name of signee

Filing Fee: \$25.00