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(Requestor's Name)	
(Address)	70037
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	02/25/22
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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February 8, 2022

AMAURY MARTINEZ MACHIN 4480 PALM AVE APT 315 HIALEAH, FL 33012

SUBJECT: MACHIN FLOORING CONSTRUCTION LLC

Ref. Number: L20000390322

We have received your document for MACHIN FLOORING CONSTRUCTION LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for MACHIN FLOORING CONSTRUCTION LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 122A00003139

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

RECEIVED TO: Registration Section **Division of Corporations** MACHIN FLOORING CONSTRUCTION LLC 2022 JAN 28 AM 9: 01 SUBJECT: Name of Limited Liability Company SECRETARY OF STATE TALLAHASSEE, FL The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: AMAURY, MARTINEZ MACHIN Name of Person MACHIN FLOORING CONSTRUCTION LLC Firm/Company 4480 PALM AVE, APT 315 Address HIALEAH, FL 33012 City/State and Zip Code MACHINMCHIN1979@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AMAURY MARTINEZ MACHIN 4686294 Daytime Telephone Number 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

MACHIN FLOORING CONSTRUCTION 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 12/14/2020 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MACHIN FLOORING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

Cirv

, Florida

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
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			□Remove
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an effective of Note: If the	te, if other than the date of filing: Olicip QQ (optional) 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records.	
record speci l is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	after the
ated	01/19/22	
	(makubh	
	Signature of a member of authorized representative of a member	-

Filing Fee: \$25.00