

L21000039586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

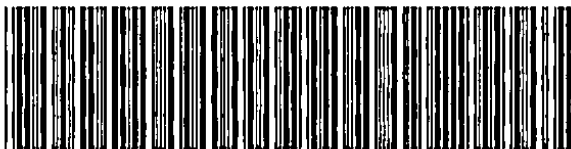
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**Registration Section  
Division of Corporations**

**JECT:** \_\_\_\_\_  
Name of Limited Liability Company

se return all correspondence concerning this matter to the following:

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Name of Person

Firm/Company
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Address

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

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

JIS NIEVES 786 914-6358  
 \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
 Name of Person Area Code Daytime Telephone Number

☒ **\$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)

Registration Section  
Division of Corporations  
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**

DAKAFLOORS LLC

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

Articles of Organization for this Limited Liability Company were filed on 01/20/2021 and assigned  
document number L21000039586.

This amendment is submitted to amend the following:

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

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:

Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

R = Manager

BR = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
JUNIOR ABREU CRUZ	21319 NW 40TH CIRCLE CT	<input checked="" type="checkbox"/> Add
	MIAMI GARDENS , FL, 33055	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
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amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

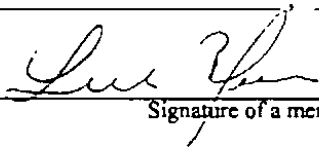
Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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.

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 is filed.

dated 10/27/2022



Signature of a member or authorized representative of a member

LUIS NIEVES

Typed or printed name of signee

**Filing Fee: \$25.00**