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COVER LETTER

TO:

Registration Section

Division of Co	•		
SUBJECT: YA	Flooring LL	C nited Liability Company	·
	J		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Victor S	OTO - GONZALEZ Name of Person	
		Name of Person	
	VG FI	DOTTY LLC Firm Company	
	21214 HUYAN	משני ומו מאוי	
	3134 Huron	AVE AP+ # B Address	
	oldsmar	5) <i>2</i> 111 <i>a</i>	77
		City/State and Zip Code	<u>. 1 1</u>
	F-mail address: (Va Flooring LLC @ to be used for future arrhual report for	amal. (om
For further information c	oncerning this matter, please c	•	(Cadoli)
Λ.			110ED
Carmen Z	Navedo f Person	at (<u>\$13)</u> <u>389</u> Area Code Daytin	ne Telephone Number
		,	and the second of the second o
Enclosed is a check for the	he following amount:		
See S25.00 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)
<u>Mailing Addres</u> Registration S		Street Address:	vation
Division of C	orporations	Registration Se Division of Co	
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limited	npany as it now appears ed Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000114915</u> .	ny were filed on <u>3</u>	10 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the des	ignation "LLC" or the abbreviation 24. L.C."
Enter new principal offices address, if applicable:		27
(Principal office address MUST BE A STREET ADDRESS)	··	
Trincipus office duaress proof the right the right the		
		-T]
Enter new mailing address, if applicable:		., 2
(Mailing address MAY BE A POST OFFICE BOX)		. 0
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	ee address on our rec	ords, enter the name of the new register
New Registered Office Address:		
New Registered (Miles / Manegal	Enter Floria	la street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of n as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
īrc	hanging Registered Ager	nt, 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

Title	Name	Address	Type of Action
<u>mgr</u>	SUTO-GONZALEZ VICTOR (NOT COTTECT NOTICE)	"Z" 3136 HUYON AYE #E Oldsmar, FL 34677	3_ □Add
			Change
		·	□Adđ
			□Remove
			Change
mgr	Victor Soto-Gonzalez	3136 Huron Ave # B Oldsmar, FL 34677	XAdd
	(correct way)		🗆 Remove
			DChange
			□Add
			□Remove
			Change
			DAdd
			□Remove
			Change
			DAdd
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			□Change

					
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<u>ite:</u> If the date insert	ner than the date of I, the date must be speci ted in this block does ate on the Departmer	not meet the applic	able statutory filing	option (option) (opti	al) ng.) Pursuant to 693.020 ite will not be listed a
ecord specifies a dela is filed.	iyed effective date, b	ut not an effective t	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ted May 18	3		_·		
	Signatur	of a member or auth	orized representative of	and Cold	

Filing Fee: \$25.00