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COVER LETTER

GIOFLOOF	RLLC	·	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
,	GIOVANNY A OLARTE I		
		Name of Person	
	GIOFLOOR LLC		
		Firm/Company	
	7123 YACHT BASIN AVE	.#332	
	ORLANDO, FL 32835	Address	
	GIOVANNYOLARTE@YA	City/State and Zip Code .HOO.COM	
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
DIOVANNY A OLARTE	E PORRAS	321 2452323	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Addres	i <u>s:</u>	Street Address:	

Registration Section
Division of Corporations

P.O. Box 6327

Registration Section

Division of Corporations

TO:

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**

5. 1	22:182. 27 At	GIOFLOOR LLC
31	Liability Company as it now appears on our re Florida Limited Liability Company)	(Name of the Limited L (A F
and assigned		The Articles of Organization for this Limited Liabil Clorida document number
	ving:	his amendment is submitted to amend the following
	he limited liability company here:	If amending name, enter the new name of the
or the abbreviation "L.L.C."	ds "Limited Liability Company," the designation	he new name must be distinguishable and contain the words
	ole:	Enter new principal offices address, if applicable
	ADDRESS)	Principal office address MUST BE A STREET A
		Onter new mailing address, if applicable:
	<u> </u>	Mailing address MAY BE A POST OFFICE BO.
he name of the new register	· —	 If amending the registered agent and/or regis gent and/or the new registered office address he
		Name of New Registered Agent:
		New Registered Office Address:
	Enter Florida street a	
rida		_
ri	Ciņ	- Low Registered Agent's Signature, if changing Regi

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>	Address	Type of Action
AMBR	GIOVANNY A OLARTE PORRAS	7123 YACHT BASIN AVE #332. ORE. IFL.:	
		• •	
			□ Remove
			≝ Change
			□Add
			□Remove
			□Add
			□ Remove
			□Change
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			□Change
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			□Change
			□Remove
			□Change

	#21 St. 27 AT 6:51
	**
	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to e: If the date inserted in this block does not meet the applicat ument's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0207 ble statutory filing requirements, this date will not be listed as
cord specifies a delayed effective date, but not an effective tims filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed September 20th. 2021	_ •
Signature of a member or author	Dlarte Porcas
GIOVANNY A OLARTE PORRAS	neo representative of a method

Typed or printed name of signee