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(Re	questor's Name)	
	dress)	
,	-	
(Ad	dress)	
(Cit	y/State/Zip/Phone	≘ #)
PICK-UP		MAIL
		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
011D 11267F	-	ooring & Design LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Ramon Diaz		
			Name of Person	
		Xquiste Flooring & Desigr	ı LLC	
			Firm/Company	
		1818 Madelons Path		
			Address	
		Fort Walton Beach, Florida	a 32547	
		·	City/State and Zip Code	
		xdeputy101@yahoo.com		
		E-mail address: (to be used for future annual report n	otification)
For further i	nformation c	oncerning this matter, please co	all:	
Ramon Diaz			850 333-7498	
	Name o	f Person	Area Code Days	time Telephone Number
Enclosed is a	i check for th	ne following amount:		
■ \$25.00 B	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)
	iling Addres		Street Address: Registration S	
Registration Section Division of Corporations		Division of C		
P.C	D. Box 632	.7	The Centre o	f Tallahassee
Tal	lahassee, l	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Xquiste Flooring & Design LLC

company has been notified in writing of this change.

(Name of the Lim	ited Liability Compa (A Florida Limited	nny <u>as it now appears on our</u> Liability Company)	records.)		
The Articles of Organization for this Limited I Florida document number <u>L21000385340</u>	Liability Company	were filed on August 270	h 2021	_ and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
Xquisite Flooring & Design LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:		1818 Madelons Path			
(Principal office address MUST BE A STREET ADDRESS)		Fort Walton Beach, Flor	Fort Walton Beach, Florida 32547		
-					
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records,	enter the name o	of the new registere	
Name of New Registered Agent:	Ramon Diaz	 	_ _		
New Registered Office Address:	1818 Madelons	s Path		:	
		Enter Florida strec		2	
	Fort Walton Beach		Florida <u></u>		
New Registered Agent's Signature, if changing	Registered Agent:	City	Florida <u>32547</u>	Zip Code	
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as register being filed to merely reflect a change in the	ed agent and agr per and complete vistered agent as p	ree to act in this capacit performance of my dut provided for in Chapter	ies, and I am fam 605, F.S. Or, if i	uliar with and this document is	

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
			□Add
			□Remove
			DChange
			□Add
			□Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change

The first one and I need t	iis fixed. The c	orrect spelling is	s "Xquisite" NO	T "Xquiste". The	ink you for your pr	ompt
help in this matter!						
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ctive date, if other than effective date is listed, the date	the date of fil	ing:			(optional)	
effective date is listed, the date e: If the date inserted in th	must be specific s s block does no	and cannot be prion of meet the appli	r to date of filing c cable statutory f	or more than 90 day Iling requiremen	s after filing.) Pursua ts, this date will no	nt to 605.020 t be listed a
iment's effective date on th	e Department o	of State's record:	8.			
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ord specifies a delayed effe filed.	enve date, Out l	iot an encetive	inne, at 12.91 a.	ia, on the earner	or (o) The Yorn (ady after th
September 2nd		2021				
ed	1		·			
1	~ /	/)				
	Signature of	a member or auth	iorized representa	tive of a member		

Filing Fee: \$25.00