L21000414154

(Re	questor's Name)
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

A.O.HARD SUBJECT:	WOOD FLOORING CONCE	PTS LLC				
SOBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	ANDRES M JAIMES OR	rega				
		Name of Person				
	<u>,</u>	Firm/Company				
	2018 41ST ST SW APT 3					
		Address				
	NAPLES FL 34116					
		City/State and Zip Code				
	lylguzman36@gmail.com					
	E-mail address: (to be used for future annual report n	otification)			
For further information c	oncerning this matter, please ca	all:				
LEYLA GUZMAN		239- 645-2346 at ()				
Name o	f Person	at () Area Code Dayt	ime Telephone Number			
Enclosed is a check for the	ne 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 Registration S		Street Address:	Section			
Division of C		Registration Section Division of Corporations				
P.O. Box 632	-	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.O.HARDWOOD FLOORING CONCEPTS LLC

21 OCT 12 PH 1:09

If Changing Registered Agent, Signature of New Registered Agent

(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 09/20/2021	and assigned
Florida document number L21000414154		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	XS .
	. F i	lorida
	City	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if 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

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<u>Title</u>	<u>Name</u>	Address 21 OCT 12 PM 1.05	Type of Action
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			□Remove
			□Change
MGR	STEPHANIE	2018 41ST ST SW APT 3 NAPLES FL 34116	□Add
			≣Remove
			□Change
			
			□Remove
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