1/30/22, 4:08 PM

Division of Corporations

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(((H22000038994 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SANDRA CASTILLO TAX SERVICE LLC

Account Number : I20190000047 : (321)946-6560 Phone : (866)704-9120 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN. ARIES FLOORING LLC

Certificate of Status 0 Certified Copy 01 Page Count \$25.00 Estimated Charge

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I. TEWENX

## **COVER LETTER**

TO: Registration Se Division of Cor			
	ARIES FLO	ORING LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	CLAUDIA MOLINA		
		Name of Person	
	ARIES FLOORING LLC		
		Firm/Company	<del></del>
	6106 CURRY FORD RD	211	
		Address	
	ORLANDO FL 32822		
		City/State and Zip Code	
	CLAUDIA_MOLINA_76@	HOTMAIL.COM  to be used for future annual report no	tification)
For further information of	e-mail address: ( concerning this matter, please c		(Theation)
SANDRA DANIS RAM	ios	407 205-0002	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
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)
Mailing Addre Registration Division of C	Section	Street Address: Registration S Division of Co	
P.O. Box 632 Tallahassee,	27	The Centre of	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LOORING LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as It now appears on ited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number L21000423695	pany were filed on	(2021 and as	ssigned
This amendment is submitted to amend the following:			
A. 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 design	enation "LLC" or the abbreviation "I	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our reco	ords, <u>enter the name of the n</u> e	ew register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		, Florida Zip Code	
	Ciţ	Zip Code	2
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and	d agree to act in this cap	pacity. I further agree to con	ıply with t

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 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>	Name	Address	Type of Action
AMBR	MARTHA G VILLANUEVA	6106 CURRY FORD RD 211	<b>=</b> Add
		ORLANDO, FL 32822	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Remove
			□Change
		<del></del>	
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ffective date, if other than the can effective date is listed, the date must iote: If the date inserted in this blococument's effective date on the Department.	ck does not meet the appin	r to date of filing or more the	(optional) lan 90 days after filing.) Pursua uirements, this date will no	int to 605.020 at be listed a
record specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after th
ated		·		
	Claude	ia Molina		
	Signature of a member or aut	horized representative of a	member	<del></del>
	CLAUD	IA MOLINA		

Filing Fee: \$25.00