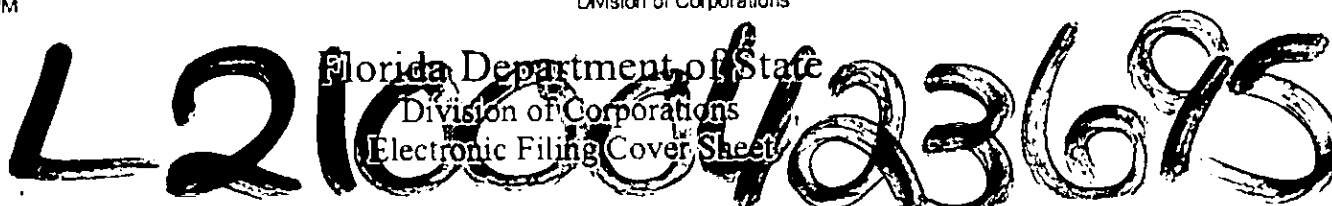


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Division of Corporations



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SANDRA CASTILLO TAX SERVICE LLC
Account Number : I20190000047
Phone : (321)946-6560
Fax Number : (866)704-9120

****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**

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22 JAN 31 PM 1:26

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARIES FLOORING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIA MOLINA

Name of Person

ARIES FLOORING LLC

Firm/Company

6106 CURRY FORD RD 211

Address

ORLANDO FL 32822

City/State and Zip Code

CLAUDIA_MOLINA_76@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA DANIS RAMOS

at (407) 205-0002

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MGR = Manager
AMBR = Authorized Member

[illegible]

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Claudia Molina
Signature of a member or authorized representative of a member

CLAUDIA MOLINA
Typed or printed name of signee

Filing Fee: \$25.00