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COVER LETTER

TO: Registration Section **Division of Corporations**

SNAPSHO SUBJECT:	T REMODELING 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	ndence concerning this matter	to the following:	
	LUIZ A. MARQUES CAN	CKIICIN	
		Name of Person	
		Firm/Company	<u></u>
	2612 W GRAND RESERV	VE CIR BLD 2 APT 221	
	-	Address	
	TAMPA, FL, 33759		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report	notification)
For further information c	oncerning this matter, please c	all:	
LUIZ A. MARQUES CA	ANDIDO	727 482-561	7
Name o	f Person	at () Area Code Da	ytime 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Addres	<u>s:</u>

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

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

SNAPSHOT REMODELING LLC		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) mited Liability Company)	
he Articles of Organization for this Limited Liability Conlorida document number 1.21000425993	npany were filed on <u>SEPTEMBER</u> , 202	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	d liability company here:	
SWIFTFLOOR SERVICES LLC		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" (or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
		2024 SEP
nter new mailing address, if applicable:		TE I
Mailing address MAY BE A POST OFFICE BOX)		SSEE.S
B. If amending the registered agent and/or registered ogent and/or the new registered office address here:	office address on our records, enter th	712
gent and/or the new registered office address neve.		
Name of New Registered Agent:	_	
New Registered Office Address:	Emer Florida street address	
	, Flor	ida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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
			□Add
,			Remove
			□Change
	<u></u>		□Add
			□Remove
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Tective date, if other than n effective date is listed, the date is lete. If the date inserted in the cument's effective date on the date in the date in the date in the date on the date of the date	e must be specific and can is block does not meet	the applicable statutory	(option g or more than 90 days after first filing requirements, this o	ling.) Pursuant to 605,0207
ecord specifies a delayed eff is filed.	ective date, but not an e	effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
	2	2024		
AUGUST 26 ted	 ·			
ted AUGUST 26	· - ·			
august 26 Luiz). On a de Signature of a mem	ther or authorized represer	ntative of a member	

Filing Fee: \$25.00