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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

| Division of Cor | porations | | ٧. |
|-------------------------------|--|---|--|
| мела ғы | OORING SERVICES LLC | , " | |
| SUBJECT: | Name of Lin | ited Liability Company | |
| The englaced Articles of | Amondment and foots) are sub- | united for filing | |
| | Amendment and fee(s) are sub | _ | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | MANUEL MEJIA LOPEZ | 4 | |
| | | Name of Person | |
| | MEJIA FLOORING SER | VICES LLC | |
| | | Firm/Company | |
| | 2726 KIRKLAND RD | | |
| | | Address | |
| | DOVER FL 33527 | | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information e | oncerning this matter, please c | alt: | |
| ROSEMARIE G ROSEE | ко | 813 652-5568 | |
| Name o | f Person | at () Area Code Daytim | e 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 | | <u>Street Address:</u> Registration Se | ction |
| Division of C | orporations | Division of Cor | porations |
| P.O. Box 632 | .7 | The Centre of T | l'allahassee |

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| мела ғ | LOORING SERVICES LLC | | |
|---|--|------------------------------|--|
| (<u>Name of the Limited Liah</u> (A Flori | ility Company as it now appears on our records.) ida Limited Liability Company) | | |
| he Articles of Organization for this Limited Liability | Company were filed on 11/03/2021 | and assigned | |
| lorida document number L21000476936 | ; | | |
| his amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | mited liability company here: | | |
| he new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." | |
| Inter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADL | DRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | | |
| | | | |
| 3. If amending the registered agent and/or register agent and/or the new registered office address here | | e name of the new registe | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | Enter Florida street address | |
| | , Flor | | |
| | City | Zip Code | |

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

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> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|------------------|----------------|
| AMBR | CARLOS MANUEL MEJIA | 2726 KIRKLAND RD | |
| | | DOVER, FL 33527 | □ Remove |
| | | | Change |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 rd is filed. Dated Signature of a member or authorized representative of a member | | | | | |
|--|---|---|--|--|--|
| Effective date, if other than the date of filing: | | | | | |
| Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date of the date of filing: Optional) Opti | | | | | |
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Filing Fee: \$25.00