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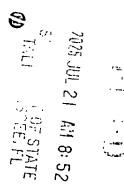
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COVER LETTER

TO:	Registration Se Division of Cor			
CUDIC		OORING SERVICES LLC		
SUBJEC	<u> </u>	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter		
		ISAAC A VERA		
			Name of Person	
		IAVC FLOORING SERV	ICES LLC	
			Firm/Company	
		7112 NW 78 AVE		
		-	Address	
		TAMARAC, FL 33321		
			City/State and Zip Code	
		isaac-vera@hottmail.com		
For furth	ner information c	e-mail address: (concerning this matter, please c	to be used for future annual report no all:	ottheation)
	A VERA		786 942-2086	
	Name o	f Person	at ()	ime Telephone Number
Enclosed	l is a check for t	he 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		Street Address: Registration S	Section
	Division of C		Division of C	
	P.O. Box 632 Tallahassee,		The Centre of	`Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit (A Florida	ly Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C Florida document number 122000059844		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name most be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		39.2% 5(-) 1,7
Principal office address MUST BE A STREET ADDR	PESS)	L JU 2
Enter new mailing address, if applicable:		AH E
Mailing address MAY BE A POST OFFICE BOX)		FL S2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	***
	ធ	lorida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MAYRA D VERA	941 CRYSTAL LAKE DR	[MAdd
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		DEERFIELD BEACH, FL 33064	□Change
	 		□Add
			C] Remove
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ffective date, an effective date Note: If the date	e inserted in thi	s block does i	not meet the	applicable	te of filing or statutory fili	more than 90 ng requiren	(optio days after nents, this	nal) filing.) Purs date will r	uant to 60: tot be list	5.0207 red as
ocument's effec	ative date on th	e Department	of State's r	ecords.						
record specifies	s a delayed effe	ctive date, bu	t not an effe	ective time, a	at 12:01 a.m	, on the ear	lier of: (b)	The 90tl	h day afte	r the
d is filed. 07/15/201	25			·						
d is filed. 07/15/201	25									
d is filed. 07/15/201	25									
rd is filed.	25	Signature	of a member	or authorized	l representativ	e of a memb	ег	<u></u>		

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