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DATE:

01/11/23

NAME:

ALTERED FLOORING AND REMODEL LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

' TO:

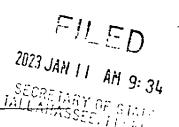
Tallahassee, FL 32314

	tegistration Se Division of Cor					
·		oring and Remodel LLC				
SUBJECT	· ·	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please reti	ırn all correspo	ndence concerning this matter	to the following:			
		Jorge Ortega				
			Name of Person			
		Altered Flooring and Remo	odel			
			Firm/Company			
		1200 Oakhaven Drive				
	Address					
		Altamonte Springs, Fl. 327	114			
	City/State and Zip Code					
		aismarar@yahoo.com	to be used for future annual report not	(fication)		
For furthe	r information c	oncerning this matter, please co				
Jorge Orte	rga		407 860 5267			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	0 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		Street Address:	antian.		
	Registration S Division of C		Registration Se Division of Co			
	P.O. Box 632		The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Altered Flooring and Remodel LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on February 2022	and assigned
Florida document number L22000067381		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Altered JA Flooring and Remodel LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	1200 Oak Haven Drive	
(Principal office address MUST BE A STREET ADDRESS)	Altamonte Springs, Fl. 32714	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	of the new registered
New Registered Office Address:		
New Neglatered Office Address.	Enter Florida street address	
	. Florida	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as period to merely reflect a change in the registered office	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, i	oniliar with and f this document is

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>	Name	Address	Type of Action
			□ Add
			□Remove
			☐Change
	·		□Add
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			Change
			□Remove
			□Chaner

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ote:	January 10, 2023 (optional) fective date, if other than the date of filing: (optional) fective 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 605,020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recor	rd 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 led.
	January 10, 2023
atad	
ated	
ated	Signature of a member of authorized representative of a member

Filing Fee: \$25.00