8/16/22, 12:19 PM

Division of Corporations

Florida Department of State

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(((H22000277231 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

**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 BESTWAY FLOORING LLC

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T. LEMIEUX

AUG 1 7 2022

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From: Sylvia Paull

COVER LETTER

TO: I	Registration Se Division of Corp	ction parations		
SI:B IP7		FLOORING LEC		
SUBJECT:				
		Amendment and fee(s) are subm		
		Cheyenne Moseley		
			Name of Person	4 * * * * * * * * * * * * * * * * * * *
		Legalzooni.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		bestwayflooringfle@gmail.c	om o be used for future annual repor	t natification)
For furth	er information c	oncerning this matter, please ca		
	e Moseley	•	800 773-08	
	Nume o	Person	Area Code D	aytime Telephone Number
Enclosed	is a check for the	ne following amount:		
□ \$ 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BESTWAY FLOORING LLC		
(Name of the Limited Liability Co (A Florida Lin	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number 1.22000265851	pany were filed on 06/10/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	Hability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the	ne abbreviation * L.L.C.?
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2022
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>en</u> <u>here</u> :	iter the name of the nev
Name of New Registered Agent:		· ·
New Registered Office Address:	Enter Floricki street address	5: 01
	, Florida	Zip Code
and the second s	•	24×. (M
New Registered Agent's Signature, if changing Registered Agency		and a surface with the

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 hability 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:

LegalZoom.com, Inc.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	GALAVAO SOUZA, LUISA		
		1754 S STATE ROAD 7, APT 305 NORTH LAUDERDALE, FL 33068	■ Remove
		<u></u>	("hange
AMBR	Galvao Souza, Luisa	1754 S STATE ROAD 7, API 305 NORTH LAUDERDALE, FL 33068	≅ Add
			☐ Remove
			☐ Change
			☐ Remove
			Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change

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Note:	(optional) Receive 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. 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.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	08/08/2020
	Luis Salva Aava Signature of a member of authorized representative of a member
	Luisa Galvao Souza
	Typed or printed name of signee

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Filing Fee: \$25.00