

L23 0100 1.8932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

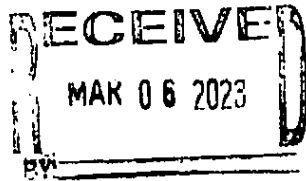
☐ MAIL

(Business Entity Name)

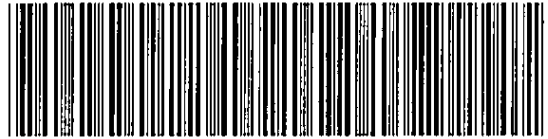
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

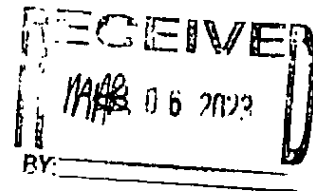


Office Use Only



600403676036

11/11/2021 10:00:00 AM



2023-03-06 PM 3:21
STATE
RECEIVED

R. HUNT
03/06/23



Facsimile Transmittal Sheet

To: REGISTRATION SECTION	From: ORB CPA PA
Company/Client: ALL ABOUT FLOORING TAMPA BAY LLC	Date: 3/1/23
Fax:	Fax: 954-367-7727
Subject: ARTICLES OF AMENDMENT	Total No. Of Pages Including Cover: 5

Notes/Comments:

To whom it may concern,

Please find attached Articles of Amendment for the company ALL ABOUT FLOORING TAMPA BAY LLC. with check attached.

Document #- L23000068932

If you acquire any more information, you may reach out to us at the number above.

If you need to return, please refer to address to the bottom of the form.

Sincerely,

Ronen Benharush

Sr. Accountant

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ALL ABOUT FLOORING TAMPA BAY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZAHAVA ARONOV

Name of Person

ORB CPA PA

Firm/Company

1000 S STATE RD

Address

PLANTATION, FL 33317

City/State and Zip Code

abarelal6@gmail.com

E-mail address: (to be used for future annual report notification)

RECEIVED
TALLAHASSEE
JAN 19-6 PM 3:21

For further information concerning this matter, please call:

AMANDA G NEVE

at (918) 809-9794

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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**

ALL ABOUT FLOORING TAMPA BAY 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 02/07/2023 and assigned
Florida document number L23000068932.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	NIR NEVE	2002 N LINCOLN AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2002 N LINCOLN AVE
TAMPA, FL 33607
PI: 21
STATE
FL

9001112-6 P11 3:21
FL STATE
RECEIVED

90094-2-6 PH 3:21

15

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 1 2023

AMANDA G NEVE

Typed or printed name of signee

Filing Fee: \$25.00