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(Requestor's Name)
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COVER LETTER

Registration Section Division of Corporations

TO:

.,0131.0.11	RING INSTALLATION LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Florentina Briano		
		Name of Person	
		Firm Company	
	736 MALONE DR	Address	
	(ADL AND) 12 22010	Address	
	ORLANDO, FL 32810	City/State and Zip Code	
	brianoflorentina@gmail.co E-mail address: (m to be used for future innual report noti:	fication)
For further information e	oncerning this matter, please c	all:	
FLORENTINA BRIANO		at (407) 692-6951	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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)
 <u>Mailing Addres</u> Registration 5 		<u>Street Address:</u> Registration Sec Division of Cor	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

RO FLOORING INSTALLATION 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 $\frac{03/14/2023}{1}$ Florida document number $\frac{1.23000131634}{1.23000131634}$ 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 City

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>	Type of Action
AMBR	ROBERTO HERRERA	736 MALONE DR	□Add
		ORLANDO FL 32810	Remove
			Change
			□Add
			□Remove
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record specifies a delayed effectived is filed.	e date, but not an effective th	me, at 12:01 a.m. on the	e earlier of: (b) The	90th day after the
Dated OCTOBER 10	. 2023	· ·		
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