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## COVER LETTER

TO: Registration Section Division of Corporations Michael Angelo Hardwood Flooring and Renovations LLC Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Manouchehr (Hichael) Azimi
Name of Person Michael Angels Hardwood Flooring and Renovations LLE 6010 Reese Road, Apt 301 Davie, Florida 33314
City/State and Zip Code michaelangelo\_a @ rogers.com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anna or Michael Azimi at ( 954) 261-231 Area Code & Daytime Telephone Number Mailing Address: Street Address: Registration Section Registration Section Division o. Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: VIS25 Filling Fee ☐ \$30 Filing Fee & ☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy

CR2E055 (9/15)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michael Angelo 1 (Name of the Limited Liability Companial Carlotted Limited Li	Hardwood Flooring and Renovations LLC vasit now appears on our records.)
The Articles of Organization for this Limited Liability Company w Florida document number しる3000267436	vere filed on 66/01/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u>	ity company here:
No -Sai	me as above-
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	2023
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	<del>-</del>
Enter new mailing address, if applicable:	N/A
Mailing address MAY BE A POST OFFICE BOX)	
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## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

manouchehr Azimi

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amanding 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
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	,		:Kemove
			Change
AMBR	Anna Cardelli	6010 Reese Rd Apt 301 Davie, Florida 33314	Add
			C.Remove
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MGR	Michael A. Azimi		DAdd
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Filing Fee: \$25.00