11/20/24, 3:55 PM	Division of Corporations Florida Department of States Existence Filing Cover Sheet
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RECEIVED 24 DEC - 9 1 Ått 8:59	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC Account Number : 120230000193 Phone : (407)552-7903 Fax Number : (407)449-2348 **Enter the email address for this business entity to be used for future Stannual report mailings. Enter only one email address please.** HUVES Email Address: BIA GROUP SERVICES LLC
	Certificate of Status 0   Certificat Copy 0   Page Count 01   Estimated Charge \$25.00   T. LEMEUX   DEC 10 2024   Electronic Filing Menu Help

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FAX

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FAX	
	COVER LETTER
TO:	Registration Section Division of Corporations
SUBJE	BIA GROUP SERVICES LLC
	Name of Limited Liability Company
T1	
i ne en	closed Articles of Amendment and fee(s) are submitted for filing.

**P** +14074492348

CLAUDIA GIRALDELLI LIMA

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Name of Person

CLAUDIA LIMA TAX & ACCOUNTING LLC

Firm/Company

9100 CONROY WINDERMERE RD STE 200 OFFICE 241

Address

WINDERMERE, FL 34786

City/State and Zip Code

INFO@CLAUDIALIMATAX.COM

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

For further information concerning this matter, please call:

Name of Person

at (\_ Area Code

Daytime Telephone Number

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8 6.12,2024 14:37:30

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 Taliahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liabili	Ity Company as it now appears on our a Limited Liability Company)	records.)
(A Florida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L23000441944	Company were filed on <u>09/22/202.</u> 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
CN FLOORING CONTRACTOR LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company." the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		200
(Mailing address MAY BE A POST OFFICE BOX)		····
	.1 . 00	<b>1</b> 23
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	a office address on our records.	enter the name of the new register
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t 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.

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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	<b>Type of Action</b>
AMBR	INGLIDE G SANTOS MARINHO	2125 LAKE DEBRA DR APT 1224	🗆 Add
		ORLANDO. FL 32835	Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			🗆 Change
			🗌 🗆 Add
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			Change
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			🗆 Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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			<u>-</u>	
ffective date, if other than the date an effective date is listed, the date must be sp lote: If the date inserted in this block do ocument's effective date on the Departr	oes not meet the applicab	date of filing or more the statutory filing req	<b>(optional)</b> han 90 days after filing.) P quirements, this date wi	ursuant to 605 0207 Il not be listed as
record specifies a delayed effective date is filed.	, but not an effective time	e, at 12:01 a.m. on th	e carlier of: (b) The S	0th day after the
NOVEMBER 20TH	, 2024	. •		
Legue . Ezequel Nu nes Ferreira (Dec 6, 2024 17:19 5)	<u>\$7)</u>			
Signa	ture of a member or authori:	zed representative of a p	member	
EZEQUIEL NUNES FERRE	IR A			