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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: WONDEROUS WOOD FLOORING 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.
GILDASW DE GOES MENDES Name of Person
WONNEROUS WOOD FLOORING LLC Firm/Company
7213 DR PHILLIPS BLUD Address
ORLANDO, FL - 32819 City/State and Zip Code GILDAS COSTER & GMAIL-GOM E-mail address: (to be used for future annual report notification)
GICPASCOSTER @ GMAIL-GOM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CLUASIO MENDES at (407) 676 9070 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
 \$25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WONDEROUS WOOD FLOORING LCC

(A Florida)	Company as it now appears on a Limited Liability Company)	our recorus.)
The Articles of Organization for this Limited Liability Co Florida document number $L240000507$		27/2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designate	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		····
(Principal office address MUST BE A STREET ADDRI	ESS)	
		انون مین کرد
Enter new mailing address, if applicable:		$\overline{\omega}$
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	Сцу	Zip Code

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

New Registered Agent's Signature, if changing Registered Agent:

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>	Address	Type of Action
AMBR	GURASCO DE GOES ME	ENPES-7213 DR PHILLIPS BO	<u>V</u> D SAdd
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(If an eff	(optional) ective date, if other than the date of filing: (optional) ective 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	JANUARY 22 . 2024.
	Signature of a member anuthorized representative of a member
	GILDAS CO DE GOES MENDES Typed or printed name of signce

. . . .