L24000087251

(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

3021 33

11 DE



600431208016

08/19/24--01021--009 **25.00

AXRet 07/30/21/

on Film Film 92

COVER LETTER

Division of Cor	porations		
SUBJECT: Trec		OVERING CLC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Haydee Vo	alderrama Nume of Person	
	Quality Bus	Siness Solution	rs, CC
	1229 Provid	ence Blvd / S	vite)
	Deltona,	FL 32725 City/State and Zip Code	
	965, 9651 E-mail address: (1	2 <u>29 & Yahoo - C</u> to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	alt:	
Haydee V	alderrama f Person	at (<u>386</u>) <u>259</u> Area Code Daytim	- 4971 ne Telephone Number
Enclosed is a check for the	ne following amount:		
XI \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	LI \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Tyed, Tooy Ovey (Name of the Limited Liability) (A Florida L	Company as it now appears on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L24 6060 8725</u>		2 <u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	e abbreviation "L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		0 0
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Emer 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>	Address	Type of Action
MGR	Teresa Velosquez		
		3245 winslaw ave, Delar	1 XIRemove 32724
			□ Add
			□Remove
			□Change
			
			□Remove
			□Change
			⊡Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			<u>U</u> Add
			Remove
			□Change

_	Please remove Teresa Velazquez from Fredi Floor Covering, LLC.
_	Fredi Floor Covering, U.C.
_	
_	
-	
-	
_	
_	

*	
_	
_	
_	
ote:	ve date, if other than the date of filing: 67 22 1262 9 (optional) entire 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 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record is file	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 ed.
ated_	July 22 2024
	/ Signature of a member or authorized representative of a member
	Constitution of a manifest of manifest and member

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

Filing Fee: \$25.00