

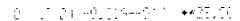
# L24000 189 216

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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#### **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT: V	FOM FLOOTING Name of Lindi	Restoration LL ted Liability Company	<u>C</u>		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Mariela ye	SCHIA Arguella Name of Person	)		
		Firm/Company			
	266 parkvie	W CT			
		Address			
	pahokee Fi	Orida 33476.  City/State and Zip Code			
	Tm flooring E-mail address: Ju	restoration agmy	III. COM		
For further information c	oncerning this matter, please ca	all:			
Maricia Name o	Arguello Ferson	at (501) 985 C Area Code Daytime	1082 c Telephone Number		
Enclosed is a check for th	ne 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)		
Mailina 4dduo	ę.	Street Address			
<u>Mailing Addres</u> Registration S		Street Address: Registration Section			
Division of C	orporations	Division of Corporations			
P.O. Box 632		The Centre of T			
Tallahassee, I	こし 34314	2413 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUM TIOONING	Kenturumur) L	
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Conference L24000 189 210	ompany were filed on $\frac{4 2}{\ell}$ .	.2 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDR	ESS)	124
	<del></del>	; =
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	.; 
The state of the s	<del></del>	(C)
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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	Guadalupe Ruiz		
		21ele parkview ct pahokee	FI DRemove
			□Change
MCTR	Manela yesenia Arguello	266 parkview CT panokee	F133476
	Inguono		□Remove
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fan efl	ective date is listed, the	date must be spe	cific and cann			more than 90 days	after filing.) Pursuant	
	If the date inserted in ent's effective date of				le statutory fi	ling requirement	s, this date will not	be listed as
	one of the control date of	in the Beparen	on or blace	3 1000103.				
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recor d is fi	d specifies a delayed : led.	errective date,	but not an e	Hective time	e, at 12:01 a.n	n. on the earlier o	or: (b) The 90th da	iy arter the
Dated	June.	28th	$\mathcal{A}$	174				
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							KUIL	

## IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

Date of this notice: 04-22-2024

Employer Identification Number:

99-2625185

Form: SS-4

Number of this notice: CP 575 G

J & M FLOORING RESTORATION MARIELA Y ARGUELLO SOLE MER 266 PARKVIEW CT PAHOKEE, FL 33476

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 99-2625185. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.