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eL. BROWN • AUG 13 2024

COVER LETTER

Division of Cor		•	•
Magloty Flo	poring LLC		·
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Edwin Quinones		
		Name of Person	
		Firm Company	
	360 hidden palm eir 203		
		Address	
	kissimmee fl 34747		
	quinonesedwin82@jcloud.c	City State and Zip Code om	
	E-mail address: (to be used for future annual report notif	ication)
For further information e	oncerning this matter, please co	all:	
Edwin Quinones		585 752-1851	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25,00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed)
Madiina Addum		Stemat Address	

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

Magloty Flooring LLC
(Name of the Limited Liability Company as it-now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{5/22/24}{24}$ and assigned Florida document number $\frac{L24000238445}{2}$.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
\cdot
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter 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>	Name	Address	Type of Action
AMBR	Glorys Morales	360 hidden palm cir 203 kissimme fl 34747	= Adđ
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			□ Change

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Filing Fee: \$25.00