

8/26/24, 3:20 PM

Division of Corporations

**L24000359488**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000285695 3))



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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC  
Account Number : I20230000193  
Phone : (407)552-7903  
Fax Number : (407)449-2348

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2024 AUG 28 AM 10:54  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ROGRIGO'S WOOD FLOOR LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED  
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Electronic Filing Menu Corporate Filing Menu

Help T. LEMIEUX  
AUG 29 2024



August 28, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ROGRIGO'S WOOD FLOOR LLC  
2113 LAKE DEBRA DRIVE  
APT 2837  
ORLANDO, FL 32835

SUBJECT: ROGRIGO'S WOOD FLOOR LLC  
REF: L24000359488

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please have Rodrigo Severino Da Silva sign the last page of the amendment. Also with the new LLC name are you sure that it should read Rodrigo's Woos Floor LLC?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

FAX Aud. #: H24000285695  
Letter Number: 624A00019374

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROGRIGO'S WOOD FLOOR 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:

CLAUDIA LIMA  
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:

CLAUDIA LIMA at ( 407 ) 5527903  
Name of Person Area Code Daytime Telephone Number

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  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

RODRIGO'S WOOD FLOOR 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 08/15/2024 and assigned  
Florida document number 1.24000359488

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RODRIGO'S WOOS FLOOR LLC

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)

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2024 AUG 28 AM 10:54

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 26TH 2024

  
Rodrigo Severino da Silva Aug 26, 2024 12:11 EDT

Signature of a member or authorized representative of a member:

RODRIGO SEVERINO DA SILVA

Typed or printed name of signee