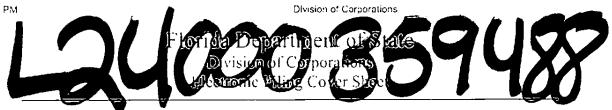
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193 Phone : (407)552-7903

: (407)449-2348 Fax Number

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

Email .	Address:						
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN--ROGRIGO'S WOOD FLOOR LLC

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AUG 23 2324

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 FAX Aud. #: H24000285695
Regulatory Specialist II Letter Number: 624A00019374

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

	ration Sec n of Corp			
R(OGRIGO':	S WOOD FLOOR LLC		
SUBJECT:		S WOOD FLOOR LLC Name of Lim	ited Liability Company	·
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	adence concerning this matter	to the following:	
		CLAUDIA LIMA		
			Name of Person	
		CLAUDIA LIMA TAX &		
			Firm'Company	
		9100 CONROY WINDER	MERE RD STE 200 OFFICE 24	1
		·———	Address	
		WINDERMERE, FL 3478		
			City/State and Zip Code	
		INFO@CLAUDIALIMAT.		
		E-mail address: (to be used for future annual report no	diffication)
For further infor	mation co	ncerning this matter, please ca	all:	
CLAUDIA LIM	tA		407 5527903	
	Name of	Person	at ()	me Telephone Number
Enclosed is a che	eck for the	e following amount:		
© \$25.00 Filin	ng Fee	El \$30.00 Filing Fee & Certificate of Status	TI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[2] \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address		Street Address: Registration S	ection
Divisi	on of Co	orporations	Division of Co	orporations
P.O. E	30x 6327	1	The Centre of	1 ananassec

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROGRIGO'S WOOD FLOOR LLC		
(Name of the Limited Li (A F	ability Company as it now appears on our reco forda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number 1.24000359488		and assigned
This amendment is submitted to amend the following	g.	
A. If amending name, enter the new name of the	limited liability company here:	
A. If amending name, enter the new name of the RODRIGO'S WOOS FLOOR LLC The new name must be distinguishable and contain the words		56.
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	A.C" or the abbrevignon "L-tz.C."
Enter new principal offices address, if applicable		628
(Principal office address MUST BE A STREET AL	DDRESS)	
	·	
Enter new mailing address, if applicable:		:
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		- · · ·
B. If amending the registered agent and/or regist agent and/or the new registered office address he	-	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	Iress
		Florida
	Cay	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 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>	Type of Action
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			⊒Remove
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fective	date, if other than the date of filing: (optional)
an effecti <u>ote:</u> If i	we date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed.
ocument	's effective date on the Department of State's records.
record s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
At	JGUST 26TH 2024
ated	
	Signature of a member or authorized representative of a member
	RODRIGO SEVERINO DA SILVA
	Typed or printed name of signee

Filing Fee: \$25.00