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## **COVER LETTER**

Division of Co			
CN FLOO	RS AND REMODELING LLC		ŧ
30B/ECT	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	CARLOS ALBERTO FER	RNANDEZ VELASQUEZ	
		Name of Person	
	CN FLOORS AND REMO	DELING LLC	
	<del> </del>	Firm/Company	<del></del>
	1105 TURTLE CREEK D	R APT 326	
		Address	<del></del>
	NAPLES, FL 34110		
		City/State and Zip Code	<del></del>
	CARLOS.FERVELASQUE	•	
		to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
CARLOS ALBERTO F	ERNANDEZ VELASQUEZ	239 682-0493	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

2 4 4

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

CN FLOORS AND REMODELING 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 01/10/2025 \_\_\_\_\_ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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:

## 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

Enter Florida street address

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
P	CARLOS ALBERTO FERNANDEZ	1105 TURTLE CREEK DR APT 326 NAPLES, FL	34110 □Add
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effectiv <u>e:</u> If th	date, if other to date is listed, the date inserted is effective date.	e date must b in this block	e specifie a k does not	nd cannot be I meet the a	applicable	ate of filing c statutory f	or more tha iling requ	n 90 days aft	tional) er filing.) nis date v	Pursuant to vill not be	605.0207 listed as
ord sp filed,	ecifies a delayed	l effective d	ate, but n	ot an effec	tive time.	at 12:01 a.i	m. on the	earlier of: (	b) The	90th day a	after the
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·d	Carlon	Allato	Ferm	a member o							