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LÖVER LETTER

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Registration Section

Division of Co	orporations			
VOLCAN	SES ORION TITLE AND MAI	CONT. C.		
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MIGUEL BLANCO			
		Name of Person		
		Firm/Company		
	3265 NW 46 ST APT B			
		Address	***************************************	
	MIAMI, FL 33142			
	MIGUELABG80@GMAII	City/State and Zip Code		
	-	to be used for future annual report no	ification)	
For further information	concerning this matter, please of	all:		
MIGUEL BLANCO		786 2016868		
Name (of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for t	he 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 Addres		Street Address: Registration Se	i	
Registration Section Division of Corporations		Division of Co	rporations	
P.O. Box 6327		The Centre of		
Tailainassee, Fil 32314		2413 IV. MOHE	2415 iv. Montoe Street, Stille 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOLCANES ORION TITLE AND MARBLE, LLC. (Name of the Limited Liability Compar	ny as it now appears on our records.)	
(Name of the Limited Liannity Compar (A Florida Limited L	Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>07/06/2020</u>	and assigned
Florida document number 1.20000189384		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
VOLCANES ORION TILE AND MARBLE, LLC.		i des M. I. C."
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.C.
Enter new principal offices address, if applicable:	3265 NW 46 ST APT B	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33142	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	2022
	, Florida	Zip Code Z
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company now over notified in writing of this change.	provided for in Chapter 605, F.S. Or.	if this deprument is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:		
MGR = Manager AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	□Add
			□Remove
			□Change
			🗆 🗖 Add
			□Remove
			□Change
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			©Change
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			□Remove
			🗀 Add
			□Remove
			□Change
	·		
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12/13/2021 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 _____ Signature of a member or authorized representative of a member MIGUEL BLANCO Typed or printed name of signee

Filing Fee: \$25.00