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.

(((H24000139603 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

EFILE1234@INCFILE.COM Email Address:____

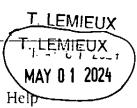


LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DREAM TILE DESIGNS LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu





April 18, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DREAM TILE DESIGNS LLC 11706 WINDING WOODS WAY LAKEWOOD RANCH, FL 34202US

SUBJECT: DREAM TILE DESIGNS LLC

REF: L23000387528

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The conflict is L24000080525.

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

Letter Number: 124A00008468

FAX Aud. #: H24000139603

Registration Section Division of Corporations

TO:

COVER LETTER

(((H24000139603 3)))

| SUBJECT: | | LE DESIGNS LLC | |
|--|--|---|---|
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | LOVETTE DOBSON | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 17350 STATE HWY 249 | | |
| HOUSTON TX. 7 | | Address | |
| | | City/State and Zip Code | |
| | EFILE1234@INCFILE.CO | | |
| | | to be used for future annual report no | tification) |
| For further information c | oncerning this matter, please c | all: | |
| LOVETTE DOBSON | | 1 888-4 at () Area Code Daytin | 62-3453 |
| Name o | f Person | Area Code Dayiir | me Telephone Number |
| Enclosed is a check for the | ne 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 S Division of C | Section forporations | Street Address: Registration So Division of Co | orporations |
| P.O. Box 632 Tallahassee, l | | The Centre of 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000139603 3)))

| DREAM TILE DESIGNS 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 and assigned Florida document number L23000387528 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| DREAM SURFACE DESIGNS 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) |
| |
| |
| 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: (((H24000139603 3)))

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|---------------------------------|
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| if amending any other inform | (((H240001396)) ((H240001396)) ((H240001396)) (H240001396)) (H240001396) |
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| fective date, if other than the an effective date is listed, the date mu | ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 |
| ote: If the date inserted in this bocument's effective date on the D | block does not meet the applicable statutory filing requirements, this date will not be listed as a |
| Julian a directive date on the p | year and the same a records. |
| record emerifies a delegad affecti | ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| l is filed. | ve date, but not all effective time, at 12.01 a.m. on the earlier of. (b) The 90th day after the |
| | |
| April 17th | 2024 |
| | |
| | Eduardo Sousa |
| | Signature of a member or authorized representative of a member |
| | Eduardo Souza |
| | Typed or printed name of signee |