# L12000118127

(Requestor's Name)				
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	ə #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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### COVERLETTER

TO: Registration Section
Division of Corporations

# FL BROTHER FRIENDS TILE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling,

Please return all correspondence concerning this matter to the following:

ANA L FERREIRA

Name of Person

ANA'S ACCOUNTING SERVICES CORP

Firm/Company

2055 WOOD ST UNIT 114

Address

SARASOTA, FL 34237

City/State and Zip Code

RAMOSHANA@OOMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA L FERREIRA

*\_,*941\**870-340**0

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 NOV 15 PM 12: 55

## ERL BROTHER FRIENDS TILE LLC

SLUILTARY OF STATE TALL AHASSEE ELORIDA

(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 O	Company were filed on HLORIL	and assigned
Florida document number L12000118127	<u>_</u> .	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wo "LLC"	rds "Limited Liability Company," tl	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MLST BE A STREET ADD	<u>RESS</u>	
Enter new mailing address, if applicable:		
(Milling address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office add		exords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Fater Fl	orida street address
	LIRCI I W	
	City	, Florida 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 amfamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR=Manager MGRM=Managing Member

<u>Title</u>	Name	<u>Address</u>	ype of Action
MOR	ROSARIO A RAMOS GONZALEZ	5624 14th Avenue West Lot 44	Add
		Bradenton, FL 34207	Remove
MOR	SERGIORAMREZLOPEZ	4025 27th Avenue West	Add
		Bradenton, FL 34205	Remove
			Add
			Remove Add
			Remove
			Add Remove
			Add
			Remove

D. If amending any other info	ermation, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
November 02	, <u>2012</u> .
	Embrado
	Signature of a member or authorized representative of a member
	ERMS RAMIREZ LOPEZ
	Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

12 NOV 15 PH 12: 55