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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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K. SALY EXAMINER JUL 27

COVER LETTER

TO: Registration Section Division of Corpora		99 · · · · · · · · · · · · · · · · · ·	₩. 4		•
SUBJECT:	Ranger N Name of Limite	Darble 4 Id Liability Company	Tile	LLC	
The enclosed Articles of Ame	ndment and fee(s) are subm	itted for filing.			
Please return all corresponder	ice concerning this matter to	the following:			
	anna	Valencuell	a		
_		Name of Person			
-		Firm/Company			
_	2724 W	Osborne	Are		
		Address	,		
-	Tampa	, FL 330	1014 <u> </u>		
_	annmane	City/State and Zip Code	grail	.com	
	E-mail address: (to	be used for future annual re	aport notificatio	on)	
For further information conce	rning this matter, please call				
NAAName of Per	<u>Menuela</u>		465-8 Daytime Tele	847	<u>.</u>
Name of Fer	SOIL	Area Code	Dayume Tele	phone runner	
Enclosed is a check for the fo	 llowing amount:	*			er.
\$25.00 Filing Fee	1 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		Certified	te of Status &

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

Eli

	OF	2016 LED
Name of the Limited Liab	While 4 Tile a ility Company as it now appears on out	2016 JUL 22 PM 1:56
The Articles of Organization for this Limited Liability Florida document number	Company were filed on/ \(\frac{1}{4} \)	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	eet 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:

MGR = Manager

AMBR = Authorized Member

Address Type of Action **Title** Name MGR Mario Valenzuela 2724 W OShorne Ow DAD ☐ Remove Change □ Add ☐ Remove ☐ Change □ Add TRemove; ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Gust Change The clast name of
•	Olesse Manager Mario Valignale.
	FFG :
	SKID SK
(If an e Note:	etive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	July 19 , 2016.
	Signature of a member of authorized representative of a member
	anna Valenzuela

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00