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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

SEP 09 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Carbonell Tiles & Interior Design, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose I Carbonell

\_\_\_\_\_  
Name of Person

Carbonell Tiles & Interior Design, LLC

\_\_\_\_\_  
Firm/Company

13358 Ocean Mist Drive

\_\_\_\_\_  
Address

Jacksonville, FL 32258

\_\_\_\_\_  
City/State and Zip Code

carbonelltile@gmail.com

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

For further information concerning this matter, please call:

Jose I Carbonell

at ( 904 )

662-1895

\_\_\_\_\_  
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

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REGISTERED AGENT  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nelson F Medina	13358 Ocean Mist Drive	<input type="checkbox"/> Add
		Jacksonville, Fl 32258	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nelson De Jesus Fernandez Scott	13358 Ocean Mist Drive	<input checked="" type="checkbox"/> Add
		Jacksonville, Fl 32258	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**E. Effective date, if other than the date of filing:** September 6th, 2016 (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 September 6th

2016

Signature of a member or authorized representative of a member

**Jose I Carbonell**

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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