

L11000111904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

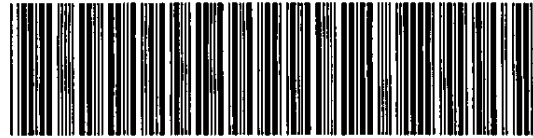
(Business Entity Name)

(Document Number)

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2016 OCT 17 P 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S Warren

OCT 17 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERFECT TILE SERVICES 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:

JOYCE NASCIMENTO

Name of Person

Firm/Company

7411 VICTORIA CIR

Address

ORLANDO, FL 32835

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PERFECT TILE SERVICES, 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 09/30/2011 and assigned
Florida document number L11000111904.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

5986 BUFFORD ST

ORLANDO, FL 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5986 BUFFORD ST

ORLANDO, FL 32835

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:

FABIO INGRATI

New Registered Office Address:

5986 BUFFORD ST

Enter Florida street address

ORLANDO

City

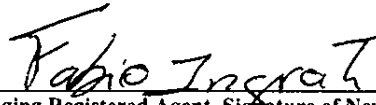
Florida

Zip Code

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CLERK OF STATE
TALLAHASSEE FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	TIAGO MULLER VILAS BOAS	5447 VINELAND RD APT 1308	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAMUEL APARECIDO DA SILV	3030 BILTMORE PARKDR APT	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CINTIA OLIVEIRA INGRATI	6055 FROGGATT ST	<input type="checkbox"/> Add
		ORLANDO, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUIZ EMERENCIANO	6055 FROGGATT ST	<input type="checkbox"/> Add
		ORLANDO, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Fabio Ingredi

Signature of a member or authorized representative of a member

FABIO INGRATI

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA