13000176226

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Cashiosa Link, Northe) |
| (Document Number) |
| (Document realisely |
| Certified Copies Certificates of Status |
| Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



900352069539

09/14/20--01024--010 **25.00



0CT 23 7070 S. YOUNG

COVER LETTER

TO: Registration Section

| Division of Corporations | | | | | |
|---|---|--|--|--|--|
| | LTER PENA LLC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | CRUZ W PENA Name of Person CRUZ WALTER PENA LLC Firm/Company 3506 BLOSSOM LAKE DR Address HOLIDAY, FL 34691 | | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | | CRUZ W PENA | | | |
| | | Name of Person | | | |
| | | CRUZ WALTER PENA LLC | | | |
| CRUZ WALTER PENA 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: CRUZ W PENA Name of Person CRUZ WALTER PENA LLC Firm/Company 3506 BLOSSOM LAKE DR Address | | | | | |
| | | | Address | | |
| | | HOLIDAY, FL 34691 | | | |
| | | · · · · · · | | | |
| | E-mail address: (| | tification) | | |
| For further information c | oncerning this matter, please c | all: | | | |
| CRUZ V | W PENA | | 5 | | |
| Name o | f Person | Area Code Daytin | ne Telephone Number | | |
| Enclosed is a check for the | ne following amount: | | | | |
| \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy | | |
| Registration S Division of C P.O. Box 632 | Section Corporations 7 | Registration Se Division of Co The Centre of | orporations Tallahassee | | |
| i aliahassee, i | L 32314 | 2415 N. Monro | be Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | CRUZ WALTE | R PENA LLC | | 7823 2823 |
|--|---|---|-------------------------|----------------------------|
| (Name of the Lim | ited Liability Compa (A Florida Limited) | ny as it now appear Liability Company) | s on our records.) | 80 |
| The Articles of Organization for this Limited I Florida document number L13000176226 | Liability Company | were filed on | 12/23/2013 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | | - ω - ω - ω |
| A. If amending name, enter the new name of | of the limited liab | ility company he | <u>re</u> : | |
| | NOVATIONS TILE | | | |
| The new name must be distinguishable and contain the | words "Limited Liabil | lity Company," the de | signation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if appli- | cable: | 3506 BLOSSOM | LAKE DR HOL | IDAY, FL 34691 |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | |
| Enter new mailing address, if applicable: | | 3506 BLOSSOM | I LAKE DR HOL | IDAY, FL 34691 |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | |
| B. If amending the registered agent and/or nagent and/or the new registered office addre | registered office a <u>ss here</u> : | ddress on our re | cords, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | CRUZ W PENA | A | | |
| New Registered Office Address: | 3506 BLOSSON | M LAKE DR | | |
| | Enter Florida street address | | | |
| | HOLIDAY | | , Florid | a 34691 |
| | | 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|-------------------------|----------------------|----------------------|----------------|
| MGR | JOSE W PENA GONZALEZ | 3506 BLOSSOM LAKE DR | ■Add |
| | | HOLIDAY, FL 34691 | □Remove |
| | | | Change |
| MGR DANA M PEREZ PLIEGO | DANA M PEREZ PLIEGO | 3506 BLOSSOM LAKE DR | = Add |
| | | HOLIDAY, FL 34691 | □Remove |
| | | | □ Change |
| | | | |
| | | | □ Remove |
| | | | □Change |
| | | | □ Add |
| | | | □ Remove |
| | | | Change |
| | | | □Add |
| | | | □ Remove |
| | | | □ Change |
| | | | □ Add |
| | | | □ Remove |
| | | | C) Change |

| | |
|--------------------------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| ffective | date, if other than the date of filing: (optional) |
| an effecti | ve 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| | 's effective date on the Department of State's records. |
| | |
| record sp d is filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| | |
| Dated | September 09, 2020. Enuz Walter VaTa Signature of a member or authorized representative of a member |
| | Equal Wa Hay Va Ta |
| | Signature of a member or authorized representative of a member Cruz V Per C Typed or printed name of signee |
| | |