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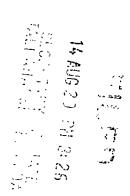
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COVER LETTER

TO: Registration Section **Division of Corporations**

ITALEX TILE & MARBLE DESIGNS, 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:

ALEXIS M. DELGADO Name of Person Firm/Company 1875 FLORIDA CLUB DR APT 7101 Address NAPLES, FL 34112 City/State and Zip Code

italex78@gmail.com

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

For further information concerning this matter, please call:

ALEXIS M DELGADO

 $\underset{\text{Area Code}}{\text{at}} \underbrace{\frac{239}{\text{Area Code}}} \underbrace{\frac{601\text{-}4096}{\text{Daytime Telephone Number}}}$

Name of Person

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

ITALEX TILE & MARBLE DESIGNS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(**************************************	,, <u>-</u> ,		
The Articles of Organization for this Limited Liability Company	were filed on 06/17/2014	and assi	gned
Florida document number L14000097193			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	i <u>lity company here</u> :		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			 .
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name o	f the new
registered agent and/or the new registered office address her	<u>e</u> .	,	
Name of New Devictored Assets	;		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	7.4 G	· <u>{</u>
	Enter rioriaa street aaaress	3.5 C	Emprant.
	, Florida	Zip Code	174
No. D. Johnson S.A., 43 Ct., 45 Ct., 4	•		
New Registered Agent's Signature, if changing Registered Agent:		J 항	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am f provided for in Chapter 605, F.S. Or, address, I hereby confirm that the lin	amiliar with if this docur	and nent is

MGR = M $AMBR = A$	Ianager Luthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CURRAN, LOURDES D	6133 SW 46 ST	
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•	n, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the dat (The effective date must be specific, cannot be the date this document is filed by the Florida	pe prior to date of receipt or filed date and cannot be more than 90 days after
and date this document is fried by the Florida	
Dated AUGUST 15	2014
Dated AUGUST 15	2014 Inature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00