

L44000138110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FEB 24 2015
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Full Harvest Residential Services

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:

Jonathan. A. Ortiz

Name of Person

Firm/Company

5297 Willow Ct.

Address

Orlando, FL 32811

City/State and Zip Code

maverick.tile.fl@gmail.com

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

For further information concerning this matter, please call:

Jonathan A. Ortiz

at (407) 454-4968

Name of Person

Area Code

Daytime Telephone Number

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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

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy

MAILING ADDRESS:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32311

STREET/COURT ADDRESS:

Division of Corporations
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32311



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2015

JONATHAN ABEL ORTIZ
5297 WILLOW CT.
ORLANDO, FL 32811

SUBJECT: FULL HARVEST RESIDENTIAL SERVICES "LLC"
Ref. Number: L14000138110

We have received your document for FULL HARVEST RESIDENTIAL SERVICES "LLC" and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.", "LC.," "Ltd.," and "Co."

The document number of the name conflict is L13000156636.

Please return your document, along with a copy of this letter, within 60 days, or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 515A00002952

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Full Harvest Residential Services

(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 09/02/14 and assigned
Florida document number L14000138110.

This amendment is submitted to amend the following:

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

Maverick Tile L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5297 Willow Ct

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32811

Enter new mailing address, if applicable:

Same as above

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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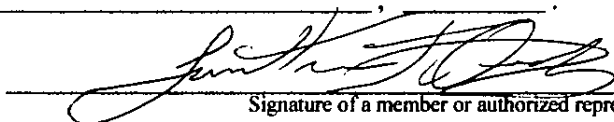
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OF FLORIDA

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: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 18, 2015



Signature of a member or authorized representative of a member

Jonathan Abel Ortiz

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA