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(Business Entity Name)
(Document Number)
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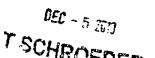




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### **COVER LETTER**

	egistration Se ivision of Cor			
SUBJECT		STREPPONE'S TILE LLC		
SOBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retui	rn all correspo	ndence concerning this matter	to the following:	
		CLIFFORD STREPPONE		
			Name of Person	
		AMERICAN ACCOUNTI	NG	
		<del></del>	Firm/Company	<del></del> -
		4509 BEE RIDGE RD SU	ITE C	
			Address	<del></del>
		SARASOTA, FL 34241		
			City/State and Zip Code	
		INFO@AASRQ.NET		
		E-mail address: (	to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	all:	
CLIFFORI	D STREPPON	E/ENOLA WOLFINGER	941 371-0008	
	Name of	î Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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

## CLIFFORD STREPPONE'S TILE 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 11/26/2014 and assigned Florida document number \_1.14000182796 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 "LLC" 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) $\odot$ 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

#### 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.

Circ

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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		<del></del>	☐ Remove
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Typed or printed name of signee

Filing Fee: \$25.00