

L15000098962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

D. SCOTT  
FLS 14 214

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SALT LIFE FLOORING 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:

ADRIAN GUTIERREZ

Name of Person

SALT LIFE FLOORING LLC

Firm/Company

42A #2 WRIGHT PARKWAY NW

Address

FORT WALTON BEACH, FL 32548

City/State and Zip Code

GUTIERREZ TILE INSTALLS @ GMAIL.COM

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

For further information concerning this matter, please call:

ADRIAN GUTIERREZ

Name of Person

at (850) 368-0190

Area Code

Daytime Telephone Number

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

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2018 FEB 13 P 4:22  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

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

SALT LIFE FLOORING 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 06/05/2015 and assigned Florida document number L15000098962.

This amendment is submitted to amend the following:

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

GUTIERREZ TILE & HOME REMODELS LLC

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**

42A WRIGHT PARKWAY NW

#2

FORT WALTON BEACH

FLORIDA 32548

**Enter new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX**

42A WRIGHT PARKWAY NW

#2

FORT WALTON BEACH, FLORIDA  
32548

**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*

**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>
<u>MBR</u>	<u>HERNANDEZ, CARLOS</u> <u>ALBERTO</u>	<u>212 MARSHALL DR. NE</u>	<input type="checkbox"/> Add
		<u>FORT WALTON BEACH</u>	<input checked="" type="checkbox"/> Remove
		<u>32547 FLORIDA</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>ADRIAN GUTIERREZ</u>	<u>42A#2 WRIGHT PARKWAY NW</u>	<input type="checkbox"/> Add
		<u>FORT WALTON BEACH,</u>	<input type="checkbox"/> Remove
		<u>FLORIDA, 32548</u>	<input checked="" type="checkbox"/> Change
<u>MBR</u>	<u>YOLANDA KEREN</u> <u>GUTIERREZ</u>	<u>42A#2 WRIGHT PARKWAY NW</u>	<input type="checkbox"/> Add
		<u>FORT WALTON BEACH</u>	<input type="checkbox"/> Remove
		<u>FLORIDA, 32548</u>	<input checked="" type="checkbox"/> Change
<u>MBR</u>	<u>WILSON GUTIERREZ</u> <u>JR.</u>	<u>306 CARVER ST.</u>	<input type="checkbox"/> Add
		<u>POOLER GA</u>	<input type="checkbox"/> Remove
		<u>31322</u>	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

JAN 13 2011 11:22 AM  
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TALLAHASSEE

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF REVENUE  
TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: 6/4/2015 (optional)

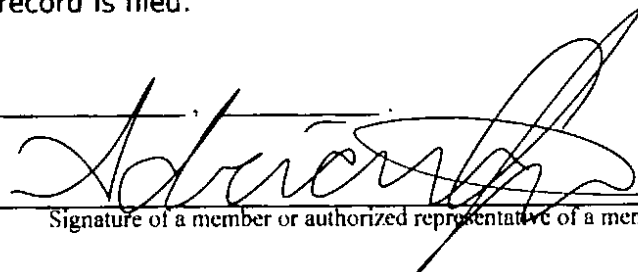
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

) The 90th day after the record is filed.

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

ADRIAN GUTIERREZ

Typed or printed name of signee