

L15000104811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

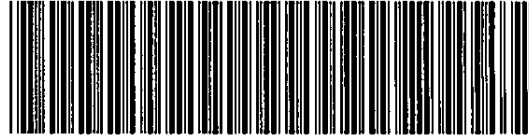
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 01 2015

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DECOTILEONLINE 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:

Fernando Jimenez

Name of Person

Oropesa Management LLC

Firm/Company

3281 NW 78 Ave

Address

Miami FL 33122

City/State and Zip Code

mpena@kertiles.com

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

For further information concerning this matter, please call:

Marta Pena

305 477-0096 EXT 1012
at ()

Name of Person

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

DECOTILEONLINE LLC

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STATE OF FLORIDA
COUNTY OF ALBANY
CLERK OF THE COURT
BY _____
DEPUTY CLERK OF THE COURT

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>
MGRM	KERTILES DIRECT LLC	3281 NW 78 Ave	☐ Add
		Miami FL 33122	☒ Remove
			☐ Change
MRGM	OROPESA MANAGEMENT LLC	3281 NW 78 Ave	☒ Add
		Miami FL 33122	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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 DEPT. OF STATE
 DIVISION OF REVENUE
 FLORIDA

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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.

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

(b) The 90th day after the record is filed.

Dated

11/25/15

Signature of a member or authorized representative of a member

Fernando Timmer

Typed or printed name of signee

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DEPT. OF STATE
TALLAHASSEE, FLORIDA