

L15 000182125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

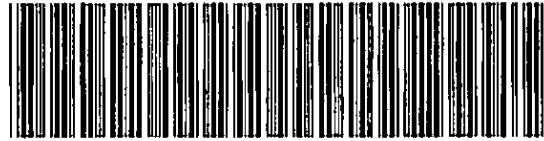
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten Signature]



700391838047

08/01/22--01028--006 **30.00

2022 AUG -1 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Andres Tires 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:

Soleidy Valle Lopez
Name of Person

Andres Tires LLC
Firm/Company

115 W 38th St
Address

Hialeah FL 33012
City/State and Zip Code

fastpermitsolutions@outlook.com
E-mail address: (to be used for future annual report notification)

2022 AUG -1 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

Soleidy Valle Lopez at (786) 955-4562
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Andres Tiles 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 _____ and assigned
Florida document number _____.

This amendment is submitted to amend the following:

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

Andres Tiles 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)

115 W 38th St

Hialeah FL 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 AUG - 1 AM 11:38

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 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>
MGR	Andres N Tabares	115 W 38th St	<input type="checkbox"/> Add
		Hialeah FL 33012.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Suleidy Valle Lopez	115 W 38th St	<input checked="" type="checkbox"/> Add
		Hialeah FL 33012.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FL 32307

2022
JUL 11 11:33 AM

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

Andres N Tabares passed away. Attached
Certificate of Death.

2022 AUG - 1 AM 1:33
SECRETARY OF STATE
TALLAHASSEE, FL 32301

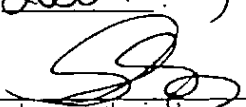
E. Effective date, if other than the date of filing: JULY 20, 2022 (optional)

(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 July 20, 2022.


Signature of a member or authorized representative of a member

Suleidy Vane Lopez

Typed or printed name of signee

THIS DOCUMENT HAS A RIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY A FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022124561

DATE ISSUED: JULY 12, 2022

DECEDENT INFORMATION

DATE FILED: JULY 8, 2022

NAME: ANDRES NORBERTO TABARES

DATE OF DEATH: JULY 2, 2022

SEX: MALE

AGE: 057 YEARS

DATE OF BIRTH: NOVEMBER 10, 1964

SSN: ***-**-8597

BIRTHPLACE: CUBA

PLACE WHERE DEATH OCCURRED: PRIVATE RESIDENCE

FACILITY NAME OR STREET ADDRESS: VITAS HEALTHCARE - 115 WEST 38 STREET

LOCATION OF DEATH: HIALEAH, MIAMI-DADE COUNTY, 33012

RESIDENCE: 115 WEST 38 STREET, MIAMI, FLORIDA 33012, UNITED STATES

COUNTY: MIAMI-DADE

OCCUPATION, INDUSTRY: MECHANIC, TRUCKS

EDUCATION: 9TH THRU 12TH GRADE; NO DIPLOMA

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? YES, CUBAN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: SULEIDY VALLE LOPEZ

FATHER'S/PARENT'S NAME: DOMINGO TABARES

MOTHER'S/PARENT'S NAME: JULIA HERIBERTA AMAT

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: SULEIDY VALLE LOPEZ

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 115 WEST 38 STREET, HIALEAH, FLORIDA 33012, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: Luis I. Casado, F069996

FUNERAL FACILITY: ALLEN & SHAW CREMATIONS INC F041565

13931 NW 20TH COURT, OPA LOCKA, FLORIDA 33054

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: ALLEN & SHAW CREMATIONS, INC.
OPA-LOCKA, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0838

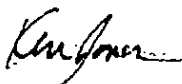
DATE CERTIFIED: JULY 7, 2022

CERTIFIER'S NAME: RIK BALAKRISHNA SMITH

CERTIFIER'S LICENSE NUMBER: ME140357

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

REQ: 2024181993

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



DH FORM 1948 (03-13)

CERTIFICATION OF VITAL RECORD

