L16000034802

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R. WHITE SEP 13 2018

COVER LETTER

Div	ision of Corp	porations		
		DESIGNS LLC		
SOBJECT:	-	Name of Limi	ted Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are subr	nitted for filing.	
-		ndence concerning this matter t		
		ERNESTO PEREZ AND	RES	
			Name of Person	
			Firm/Company	
		8429 GARDNER RD		
		TAMPA, FL 33625	Address	
		vmiservices@yahoo.com	City/State and Zip Code	
		E-mail address ¹ ()	o be used for future annual report no	lification)
For further i	nformation c	oncerning this matter, please ca	ill:	
ERNESTO	PERZ AND	RES	813 638-1908	
	Name o	f Person	at () Area Code Daytii	me 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)
		ING ADDRESS: ration Section	STREET/COUP Registration Sect	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

* Registration Section

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



RECEIVE

18 SEP 13 AM 10: 24

SEGRETARY (S. TA. TALLAHASSEE FEEL M.

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2018

ERNESTO PEREZ ANDRES 8429 GARDNER RD TAMPA, FL 33625

SUBJECT: TILES BY DESIGNS LLC

Ref. Number: L16000034802

We have received your document for TILES BY DESIGNS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A manager/managing member must sign authorizing the amendment.

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 618A00017631

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **O**F

FILED -

TILES BY DESIGNS LLC

(Name of the Limited Liability Company as it now appears on our recontant (A Florida Limited Liability Company)

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on o	ur recoi
(A Florida Limited	Liability Company) S	SECRETARY OF STATE
(A Florida Limited The Articles of Organization for this Limited Liability Company	02/18/20	JALLAHASSEE, FL
	were filed on	and assigned
Florida document number L16000034802		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	The comment with the second	dina of 17 m as the abbrevian as of 17 f m
The new name must be distinguishable and contain the words "Limited Lan	mity Company, the designa-	tion 121X of the address attor 1.1CA.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Trincipal office address 57031 Dr. A STREET ADDRESS		
	- ,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		•
B. If amending the registered agent and/or registered of	ffian address on our	records autor the name of the non-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		records, enter the name of the new
registered agent androj the new registered write address in	<u>.</u> .	
Name of New Registered Agent:		
Name Davietanal Office Address		
New Registered Office Address:	Enter Florida str	cet address
		, Florida Zip Code
		ząr Cnav
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag	ree to act in this capac	city. I further agree to comply with the
provisions of all statutes relative to the proper and complete	e performance of my d	uties, and I am familiar with and
accept the obligations of my position as registered agent as	provided for in Chapt	er 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered office	e address, I hereby con	nfirm 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = 0	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	LEOSBEL ROQUE BATISTA	8607 HAMMOCK CT TAMPA, FL 33634	<u></u> = Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			
			☐ Remove
			□ Change
			Remove
			☐ Change
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change

	·		
		<u> </u>	
		•	
fective date, if other than the	date of filing:		(optional) 190 days after filing a Pursuant to 605.02
in effective date is listed, the date must ote: If the date inserted in this blooding the date on the De-	ock does not meet the applicab	date of filing or more than le statutory filing requ	i 90 days after filing,) Pursuant to 605.02 rements, this date will not be listed
record specifies a delayed The 90th day after the reco	effective date, but not a ord is filed.	an effective time,	at 12:01 a.m. on the earlier
AUGUST 13	2018	. •	
D,			
\ <i>H</i> \ J	Signature of a member or authori		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00