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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Cm ~ 4 1	Address:			
cmall	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PIETRO'S TILE AND FLOOR COVERING, LLC

Certificate of Status	0
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## **COVER LETTER**

TO: Registration S Division of Co	ection rporations		
PIETRO'	S TILE AND FLOOR COVI	ERING, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	MAN T 9 T Francis Samulas cambrilla (Br. 17 L/4)
	Legalzoom.com. Inc.		
	•	Firm/Company	<u> </u>
	101 N. Brand Blvd., 11t	h Floor	
		Address	<del></del>
	Glendate, CA 91203		
		City/State and Zip Code	
	Patileguy@yahoo.com.co	orn to be used for future annual report notifi	
For further information	concerning this matter, please c		(canon)
Imelda Vasquez		800 773-0888 es	
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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

2:20

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIETRO'S TILE AND FLOOR COVE		
( <u>Name of the Limited Liab</u> (A Flor	ollity Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000080674	y Company were filed on 04/25/2016	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Pierro's Tile and Floor Covering, LLC		
The new name must be distinguishable and end with 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 ADD	DRESS)	
Enter new mailing address, if applicable:	10 P. J. J. T.	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office action of New Registered Agent:		the name of the new
New Registered Office Address:		<u> </u>
	Enter Florida street ackbess . Florida	<b>5</b>
·		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

MGR = Manager

200

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Rетюче
			Add
			☐ Remove
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			Remove
			□ Add
			☐ Remove
			□ Add
		·	□ Remove

amen	ding any other inform ·	nation, enter change(s) here: (Attach ad	ditional sheets, if necessary.)
	~. <del></del>		
	,,		
	<u> </u>		
effecti	ve date must be specific, ea	ne date of filing: must be print to date of receipt or filed date and can Florida Department of State)	(optional) mot be more than 50 days after
ned	May 24	2016	
	Todes	fa funto	
		Signature of a incipper or authorized represent	arve of a member
		Robert A. Pierro	
		Typed or printed name of signa	\ <u>\</u> *

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Filing Fee: \$25.00

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