4/6000/13871

(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



900328050969

04/22/19--01012--002 **25.00

TILED

19 APR 22 PM 5: 34

ALLANIAS SIL FI (SIDA

MAY 0 1 2019 S. YOUNG

COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ERLY ARGENTEL		
		Name of Person	
	ARGENTEL TILF SERVI	CES LLC	
		Firm/Company	
	4418 W LAMBRIGHT ST	•	
		Address	
	TAMPA, FL 33614		
	<u> </u>	City/State and Zip Code	
	E-mail address; (to be used for future annual report notif	ication)
For further information (concerning this matter, please co	all:	
	-	at () Area Code Daytime	
Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 fadditional copy is enclosed

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARGENTEL TILE SERVICES LLC (Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)	
(A Frontia Ellinea E	aomy Company	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L16000113871		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	ie abbreviation "L.L.C."
Enter new principal offices address, if applicable:	,	19
Principal office address MUST BE A STREET ADDRESS)		
Frincipal office address most be A STREET ADDRESS)		
		92 · 13 m
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	 	·
 If amending the registered agent and/or registered of registered agent and/or the new registered office address here 		ter the name of the
egistered agent and/or the new registered office address here	.•	
Name (CN on Deviators I August		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Citv	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>	Address	Type of Action
AMBR	JOSE MIGUEL ALARCON CAST	2802 HARPER PL, TAMPA FL 33614	
			■ Remove
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change
			☐ Remove
			Change
			Add
			Remove
			□ Change
· ··········			Add
			Remove
			Remove
			□ Change
			Add
			□ Remove
			□ Change

			· · · · · · · · · · · · · · · · · · ·	
			<u> </u>	
				
ective date, if other than the reffective date is listed, the date muster. If the date inserted in this blument's effective date on the D	st be specific and cannot be prior ock does not meet the applica	o date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) Pursuant ements, this date will not b	to 605.0207 c listed as
record specifies a delayed he 90th day after the rec	d effective date, but not ord is filed.	an effective time, a	it 12:01 a.m. on the ϵ	earlier o
aPRIL 17	2019			
	Signature of a member or autho			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00