116000113871

(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



300332769543

08/13/19--01019--010 **00.00

AUG 1 9 2018 T. LETRIEUTS

COVER LETTER

Division of Corporations
SUBJECT: Argentel Tile Services 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:
Erly Argentel Name of Person
Name of Person
Firm/Company
4418 W lambright st
Address
Tampa, FL 33414
City/State and Zip Code
City/State and Zip Code City/State and Zip Code Cry green tel a grail. com E-mail address: (to be used of future annual report notification)
For further information concerning this matter, please call:
Ful Numaralal 813 626 8997
try ArceNtel at (813) 524 8997 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Araentel Ti	le Services	LLC	FILED
(Name of the Limited Liabi	lity Company as it now app da Limited Liability Company	ears on our record	ds.)
(, , , ,	. , 20	119 AUS 13 P 2:36
The Articles of Organization for this Limited Liability	Company were filed on	6/13/6	20) 6 and assigned
Florida document number <u>L 16000113871</u>	·	TAI	LLAHASSEE, FLORIDA
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Li	mited Liability Company," th	e designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		<u></u>
(Principal office address MUST BE A STREET ADI	ORESS)		
			
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or reg	istered office address	on our record	is, enter the name of the ne
registered agent and/or the new registered office ad	dress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street addre	34.0
	<u> </u>	, F	lorida
	City		Zip Code
Now Registered Agent's Signature if changing Register	red Agent		

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Osmani Hemandez	Argentel -B 3406 Carlton arm	<u>S dr⊠</u> Add
		Tampa FL 33614	Remove
			☐ Change
			
			Remove
			Change
			Add
			Remove
			□ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (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 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 August, 9, 2019
Signature of a member or authorized representative of a member Fry Arg-entel President Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00