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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

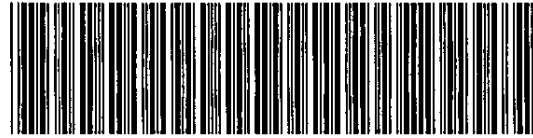
(Business Entity Name)

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S Warren

FEB 21 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMAZING TILE, 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:

CESAR LUIS STRAPAZZON

Name of Person

AMAZING TILE, LLC

Firm/Company

9532 HISTORIC KINS RD S

Address

JACKSONVILLE - FL 32257

City/State and Zip Code

AMAZINGTILEFLOORS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CESAR STRAPAZZON

904
at ()

672-5395

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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Not a 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>
			<input type="checkbox"/> Add
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Dated FEBRUARY 15 2016

Stanley

Signature of a member or authorized representative of a member

CESAR LUIS STRAPAZZON - MANAGING PARTNER

Typed or printed name of signee

Filing Fee: \$25.00

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