

L17000001959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

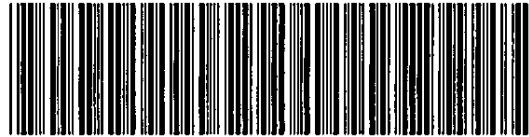
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400295783624

02/23/17--01007--005 \*\*25.00

FEB 24 2017  
S. YOUNG

17 FEB 23 AM 10:41

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RUIZ TILE & FLOORING, 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:

JESSICA RUIZ

\_\_\_\_\_  
Name of Person

RUIZ TILE & FLOORING LLC

\_\_\_\_\_  
Firm/Company

617 RUCKEL DRIVE

\_\_\_\_\_  
Address

DEFUNIAK SPRINGS, FL 32433

\_\_\_\_\_  
City/State and Zip Code

JESSI.95.DUQUE@GMAIL.COM

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

For further information concerning this matter, please call:

JESSICA RUIZ

850 635-2871

at ( )

\_\_\_\_\_  
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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB 23 AM 10:41

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RUIZ TILE & FLOORING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/03/2017 and assigned  
Florida document number L17000001959.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain 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 ADDRESS)

617 RUCKEL DRIVE

DEFUNIAK SPRINGS, FL 32433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

617 RUCKEL DRIVE

DEFUNIAK SPRINGS, FL 32433

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

617 RUCKEL DRIVE

*Enter Florida street address*

DEFUNIAK SPRINGS

*City*

, Florida 32433

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	JESSICA RUIZ	617 RUCKEL DRIVE	<input type="checkbox"/> Add
		DEFUNIAK SPRINGS, FL 32433	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JOSE RUIZ GIL	617 RUCKEL DRIVE	<input type="checkbox"/> Add
		DEFUNIAK SPRINGS, FL 32433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
17 FEB 23 AM 10:34  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

47 FEB 23 AM 10

FILED STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA

(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)(b)

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.

*Jessica Ruiz*  
Signature

Signature of a member or authorized representative of a member

JESSICA RUIZ

Typed or printed name of signee