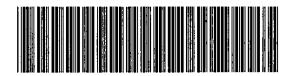
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(Re	equestor's Name)			
(Ac	ddress)			
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
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J. HARRIS

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Tile	Tile Platoon Unlimited, LLC Name of Lin ited Trability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence conterning this natter to be following Juan C Perez Name of Person Tile Platoon Unlimited, LLC Firm/Company 329 Shore Dr E Address Oldsmar, FL 34671 Chy/State and Zip Code tile Platoon unlimited @ gmail.com Firmal address: (to be used for future & Annual report notification) Information concerning this matter, please et til:		
		, , , ,	
The er closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this natter	to he following	
	Juan C	Perez Name of Person	
	Tile Platoor	n Unlimited, LLC	
	329 Shore	Dr E	
	Oldsmar,	FU 34677 City/State and Zip Code	
			mation)
For further information of	oncerning this matter, please co	dI:	
Juan C f	Perez	at (813_) 999 - (6184 Telephone Number
Enclosed is a check for the	be followin; amount:		
□ \$25.00 Filing Fee	□ \$30.0) Filing Fee & Certificate of Status	El \$55.00 Filing Fee & Certified Cony (additional copt is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDF ESS:

Registration Section Division of Corporations P.O. Box 6327 Tall ahassee, FL 3 1314 **STREET/COURIER ADDRESS:**

F eq istration Section
Division of Corporations
Clinton Building
2661 Executive Center Circle
Lal ahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Platoon Unlimited	
(No ue of the Limited Liab lity Company	is it now appears on our records.)
(Na ne of the Limited Liab lity Company (A Flori la Limite: Liai	tility Company)

· ·	3 1 37	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000030639</u> .	were filed on 02-07-201	7 and assigned
This amendment is submitted to a nend the following:		
A. If amending name, enter the new name of the limited lial	<u>pility company here</u> :	
The ne v name must be distinguishable and contain the words "Limbed Liab	ifity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	···	
(Principal office address MUST BE A STREET ADDRESS)		
•••		FEB 2
Enter new mailing address, if as plicable:	• •••	
Mailing address MAY BE A PONT OFFICE BOX	19 900 0000	AM 10: 55
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u> e:	7
Name of New Registered Agent:	This light of future variables	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	(its	Zin Code

New Registered Agent's Signature if changing Registered Agent:

I here by 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 clange in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this charge.

It Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person s) authorized to m mage, enter the title, name, and address of each person being added or removed from our records:

MGR = MS $AMBR = AI$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Yoel Moreno	329 Shore Dr E	Add
		Oldsmar, FL 34677	Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
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	five date, if other than the offective date is listed, the date inust	date of filin be specific an ck does not i	ig: d cannot be prior meet the applic	to date of filing able statutory f	or more than 90 c	_ (optional) lays after filing.) ents, this date v	Pursuant to 605, vill not be liste	.020° ed a s
Note:	If the date inserted in this bloment's effective date on the De	partment of !	State arccords					
<u>Note:</u> decum n∈ re	If the date inserted in this blo	effective (date, but no		e time, at 1	2:01 a.m. c	on the earlie	er of
<u>Note:</u> docum he rec The	If the date inserted in this blo ment's effective date on the De ecord specifies a delayed	effective (date, but no		e time, at 1	2:01 a.m. c	on the earlie	er of

Page 3 of 3

Filing Fee: \$25.00