

L170000 75368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

AUG 09 2019
C. KIRSE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2019

MARIA M CALDAS-LOPEZ
12811 KENWOOD LANE STE #208
FT MYERS, FL 33907

SUBJECT: QUALITY TILE & COPING LLC
Ref. Number: L17000075368

We have received your document for QUALITY TILE & COPING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the type of action for Joao Batista Gomes. It appears you have checked the change box but there isnt anything to change because this person is not on record for you business.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 319A00015072

RECEIVED

2019 AUG -8 PM 12:59

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Tile & Coping 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:

MARIA M. PALDAS-LOPES
Name of Person

MADE IN BRAZIL SERVICES
Firm/Company

12811 KENWOOD LANE STE #208
Address

FORT MYERS, FL 33907
City/State and Zip Code

MADEINBRAZILSERVICES@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA M. CALDAS - LOPES at (239) 810-6079
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

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

QUALITY TILE & COPING 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 04/04/2017 and assigned Florida document number 117000075368.

This amendment is submitted to amend the following:

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

N/A

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)

N/A

N/A

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

N/A

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

City

Florida

N/A

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.

N/A

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

Title	Name	Address	Type of Action
AMBR	Jonathan Stephan DeSouza	631 SW 8th Court	<input type="checkbox"/> Add
		Cape Coral, Florida 33991	<input checked="" type="checkbox"/> update
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Danilo Henrique Goncalves Pereira	3750 Metro PKWY Apt. # 827	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33916	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joao Batista Gomes	1779 Red Cedar Drive Apt. # 13	<input checked="" type="checkbox"/> Add
		Fort Myers, Florida 33907	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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 07/09 , 2019



Signature of a member or authorized representative of a member

Jonathan Stephan De Souza

Typed or printed name of signee