

L170000085576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

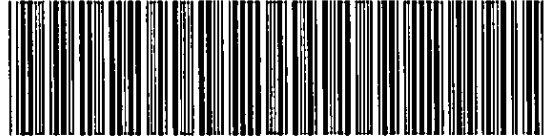
(Business Entity Name)

(Document Number)

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D. BRUCE  
OCT 06 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C & D PORCELAIN 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:

CHRISTIANE MACHADO

Name of Person

C&D PORCELAIN TILE LLC

Firm/Company

3318 CYPRESS POINT CIRCLE

Address

SAINT CLOUD, FL

34472

City/State and Zip Code

diogoaks@gmail.com

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

For further information concerning this matter, please call:

Christiane Machado

407

3180872

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2020 AUG 20 PM 4:43

FILED

CLERK OF THE  
TALLAHASSEE, FL

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

C&D PORCELAIN TILE 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 04/17/2017 and assigned  
Florida document number L17000085576.

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 "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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: CHRISTIANE MACHADO

New Registered Office Address: 3318 CYPRESS POINT CIRCLE  
Enter Florida street address

SAINT CLOUD, Florida 34472  
City 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.*

CHRISTIANE MACHADO  
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>
AM	CHRISTIANE MEDEIROS	3318 CYPRESS POINT CIRCLE	<input type="checkbox"/> Add
		SAINT CLOUD, FL 34472	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRISTIANE MACHADO	3318 CYPRESS POINT CIRCLE	<input checked="" type="checkbox"/> Add
		SAINT CLOUD, FL 34472	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FL

ALL INFORMATION CONTAINED  
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DATE 01-11-2011 BY 60322  
TALLAHASSEE, FL

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2020 AUG 20 PM 4:49

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(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.

CHRISTIANE MACHADO

CHRISTIANE MACHADO

Typed or printed name of signee

**Filing Fee: \$25.00**