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. (Re	questor's Name)	
(Äd	dress)	
(Ad	dress)	 _
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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D. SCOTT NOV 3 2017

COVER LETTER

Registration Section

Division of Corporations

fO:

SUBJECT:	DM TILES	& MARVEL SERVICES LLC		
,01,01,01		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please returi	all correspo	ondence concerning this matter	to the following:	
		DOMINGO MARTINEZ		
			Name of Person	
		DM TILES & MARVEL S	SERVICES LLC	
			Firm/Company	
		6 4 43 ARUNDEL DR	(6143) ARUNSEL	DR. V
			Address	
		ORLANDO FL 32808 🖟		
		GIVEMOREME@CFL.RR	City/State and Zip Code	
		•	to be used for future annual report notific	
For further i	nformation c	oncerning this matter, please c	all:	E.7 1.34
MARGARI	TA CONTR	ERAS	407 779-3339 at ()	
	Name o	f Person		Telephone Number
Enclosed is	a check for the	he following amount:		j. 29
\$25,00 1	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 tadditional copy is enclose
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ted Liability Con	npany as it now appears on our records.) ed Liability Company)				
	(A Florida Limite	ed Liability Company)				
he Articles of Organization for this Limited Lorida document number 900304301039	.iability Compa 	and assigned and assigned				
nis amendment is submitted to amend the following	lowing:					
If amending name, enter the new name of	of the limited li	iability company here:				
M TILES & MARBLE SERVICES LLC						
e new name must be distinguishable and contain the	words "Limited Li	iability Company," the designation "LLC" or the abbreviation "LLC."				
Enter new principal offices address, if applicable:		SAME				
Principal office address MUST BE A STREI	<u>et address)</u>	<u> </u>				
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		SAME				
. If amending the registered agent and egistered agent and/or the new registered o		I office address on our records, enter the name of the here:				
Name of New Registered Agent:						
Name of New Registered Agent: New Registered Office Address:	SAME					
	SAME	T1 ;				
	SAME	= 0 1-				

If Changing Registered Agent, Signature of New Registered Agent

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.

= Ma R = Au	nager thorized Member		
	<u>Name</u>	Address	Type of Action
-			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Add Add
			Remove
			Add
			Remove
			Change
			□Remove

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	OCTOBER 1S	т, 2017		153	
e date, if other than the date tive date is listed, the date must be sp	of filing: seific and cannot be prior to a	date of filing or more tha	optiona (optiona	I) — w v Pinson	ant to 60
f the date inserted in this block do	es not meet the applicabl				
nt's effective date on the Departn	nent of State's records.				
ord specifies a delayed effe		in effective time,	at 12:01 a.m	. on th	e ear
90th day after the record is	s filed.				}
OCTOBER 09,	2017				
DA					
X DIMINIATIN					
Signal	ure of a member or authoriz	ed representative of a m	ember		

Page 3 of 3

Filing Fee: \$25.00