

LIT000 214 145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

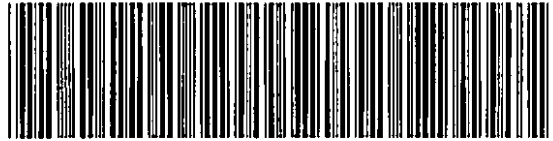
(Business Entity Name)

(Document Number)

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12/16/19--01018--018 **25.00

19 DEC 16 AM 9:22
DIVISION OF CORPORATIONS
TOLSON

JAN 17 2020
C. McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RD TILE AND STONE LLC

Name of Limited Liability Company

RECEIVED
DIVISION OF CORPORATIONS
19 DEC 16 AM 9:22

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAMILO ESPINOSA

Name of Person

LOIGICA PA

Firm/Company

40 SW 13TH ST., SUITE 102

Address

MIAMI / FLORIDA 33130

City/State and Zip Code

camilo.espinosa@loigica.com

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

For further information concerning this matter, please call:

CAMILO ESPINOSA

at (786) 2929704

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

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

RD TILE AND STONE LLC

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

DIVISION OF CORPORATIONS
19 DEC 16 AM 9:22

The Articles of Organization for this Limited Liability Company were filed on 10/16/2017 and assigned
Florida document number 117000214145.

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)

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:

LOIGICA, P.A.

New Registered Office Address:

40 SW 13TH ST, SUITE 102

Enter Florida street address

MIAMI

City

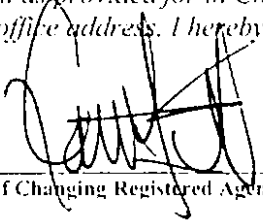
Florida

33130

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	DAVID CUENCA	9261 SW 138 PL MIAMI FL 33186	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARILINA ORTEGA	9261 SW 138 PL MIAMI FL 33186	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL TOVAR CHACON	1514 E MOWRY DR APT 106 HOMESTEAD	<input checked="" type="checkbox"/> Add
		FL 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VICTOR TOVAR LOPEZ	1514 E MOWRY DR APT 106 HOMESTEAD	<input checked="" type="checkbox"/> Add
		FL 33033	<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

[illegible]

(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.

Signature of a member or authorized representative of a member

DANIEL TOVAR

Typed or printed name of signee

Filing Fee: \$25.00