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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

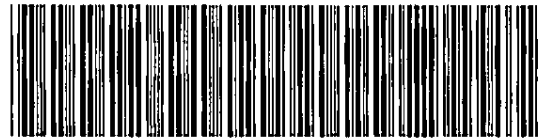
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2017 DEC 13 AM 7:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CAROL F. SMITH  
**SMILOWE BUSINESS SERVICES, LLC**  
458 FRANKFORD AVENUE NW  
PALM BAY, FL 32907  
TELEPHONE: **(954) 415-4415**  
EMAIL: CSMITH492@CEL.RR.COM

December 11, 2017

VIA USPS PRIORITY MAIL

NO.: 9481 7036 9930 0030 5088 45

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: **MARVIN ELITE TIEL COMPANY, LLC** (*being amended*)  
DOCUMENT NO.: **L7000250723**  
FILING DATE: **December 7, 2017**

Dear Sir/Madam:

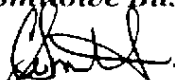
Attached please find the following items with regards to the attached Articles of Amendment to correct the name of the company:

1. Check in the amount of **Thirty Dollars and 00/100 (\$30.00)** representing the filing fee plus cost of a Certificate of Status;
2. Cover Letter and Articles of Amendment to articles of Organization which amends the name of the company to read as follows: **Marvin Elite Tile Company, LLC**;
3. Self-addressed stamped envelope for the return of the Amendment Articles and Certificate of Status with corrected name.

If you have any questions, whatsoever, please do not hesitate to give me a call. My number is **(954) 415-4415**. Thank you in advance for your prompt attention to these matters.

Sincerely,

**Smilowe Business Services, LLC**



Carol F. Smith

:CFS

Enclosures: as noted

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MARVIN ELITE TIEL COMPANY, 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:

CAROL F. SMITH

Name of Person

SMILOWE BUSINESS COMPANY, LLC

Firm/Company

458 FRANKFORD AVE NW

Address

PALM BAY, FL 32907

City/State and Zip Code

CSMITH458@GMAIL.COM

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

For further information concerning this matter, please call:

CAROL F. SMITH

954

415-4415

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

MARVIN ELITE TIEL COMPANY, 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 DECEMBER 7, 2017 and assigned  
Florida document number L17000250723.

This amendment is submitted to amend the following:

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

MARVIN ELITE TILE COMPANY, LLC

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)

17 DEC 13 AM 7:56  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
ALACHUA COUNTY, FLORIDA

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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.*

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>
			<input type="checkbox"/> Add
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SECRETARY OF STATE  
WASHINGTON, D.C.  
20520-5000

17 DEC 13 AM 7:56  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

(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.

Dated DECEMBER 8, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee