## L18000013531

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

E.M. TILE FLOORING LLC SUBJECT: 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: Ender E. Macias Name of Person E.M. TILE FLOORING LLC Firm/Company 2320 Flamingo Lake Drive Address Kissimmee, FL 34743 City/State and Zip Code emtileflooring01@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ender E. Macias 806-7187 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 AUG 24 PH 12: 11

E.M. TILE FLOORING 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	y Company were filed on 01/16/2018	and assigned	
Florida document number L18000013531			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company here:		
The new name must be distinguishable and contain the words "I.	Limited Liability Company," the designation "l	L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		ter the name of the new registered	
Negistered Office / Nedices.	Enter Florida street address		
	,	Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete performance of my duties I agent as provided for in Chapter 60 ered office address, I hereby confirm	, and I am familiar with and 05, F.S. Or, if this document is	

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>	2020 AUG 24 PH 12: 11	Type of Action
AMBR	Dayana Nunes Da Silva	2320 Flamingo Lake Drive	<b>≡</b> Add
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be ock does not meet the a	ipplicable statutory	or more than 90 days a	otional) fter filing, this date	) Pursuant to 605.0207 (, will not be listed as the
ne record specifies a delayed effective ord is filed.	date, but not an effect	tive time, at 12:01	a.m. on the earlier of	(b) Th	e 90th day after the
Dated August 14	2020	·			
$\sim$ $\sim$ $\sim$	<i>\</i>				

Filing Fee: \$25.00