

48000033695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

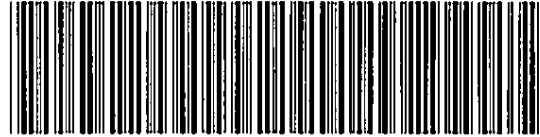
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/22/18--01015--022 **25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Luxury Tile by Mihai, 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:

Mihai Vrancean
Name of Person

Luxury Tile by Mihai, LLC
Firm/Company

87 Bay Tree Drive
Address

Miramar Beach, FL 32550
City/State and Zip Code

mihai.vrancean@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mihai Vrancean at (850) 974-8661
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

Luxury Tile by Mihai, 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 2/06/2018 and assigned Florida document number L18000033695.

This amendment is submitted to amend the following:

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

Same

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:

Same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

same

(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:

Same

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.

same
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>
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AMBR	Mihail Chirilenco	12636 NE 144TH ST APT D204 Kirkland WA 98034-1586	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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AMBR	Vasile Melica	5005 Main St Apt 530 Tacoma WA 98407-3161	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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10/17/18

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 10/17/18 _____,

[Signature]

Mihai Vrancean
Typed or printed name of signee