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COVER LETTER

Division of Cor	porations		
	TILE SERVICES LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter (to the following:	
	DANIEL LUIS RODRIGU	JEZ	
	DL STAR TILE SERVICE	Name of Person ES LLC	
	6732 GILDA DR	Firm/Company	
	TAMPA, FL 33625	Address	
	_,	City'State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	deation)
For further information e	concerning this matter, please ca	III:	
DANIEL LUIS RODRI	GUEZ	011	
Name o	of Person	at ()	: Telephone Number
Hnclosed is a check for t	he 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)
	ING ADDRESS:	STREET/COURD Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

TO

ARTICLES OF ORGANIZATION OF

DL STAR TILE SERVICES LLC			
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on o fa Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability of Florida document number <u>L18000075726</u>	•	018	_ and assig
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lit	nited Liability Company," the designa	ition "LLC" or the abbre	viation "L.L.C
Enter new principal offices address, if applicable:		iš:	<u>ಹ</u>
(Principal office address MUST BE A STREET ADD	RESS)	. · · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			<u>N</u>
(Mailing address MAY BE A POST OFFICE BOX)		E A	<u>~</u>
B. If amending the registered agent and/or registered agent and/or the new registered office ado		records, enter th	e name of t
Name of New Registered Agent	<u>-</u> 	 	
New Registered Office Address:	Enter Florida su	veet 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 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 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

or removed from our records:			
MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name JAVIER LOPEZ RODRIGUEZ	<u>Address</u> 6732 GILDA DR. TAMPA, FL	Type of
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Sote: If the date inserted in to document's effective date on	n the date of filing: the must be specific and cannot be prior to date of filing or this block does not meet the applicable statutory fil- the Department of State's records layed effective date, but not an effective e record is filed.	ing requirements, this date will not be lis
10/02 Dated	2018	
	(1) 1.c	
	Signature of a member or authorized representati	vi of a mumber
	Signature of a themper of authorized representati	ve of a memocr
DANIEL LUIS R	ODRIGUEZ	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00