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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations			
		TILE SERVICES LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	i all correspo	ndence concerning this matter	to the following:		
		DANIEL LUIS RODRIGU	JEZ		
			Name of Person		
		DL STAR TILE SERVICE	ES LLC		
			Firm/Company		
		6732 GILDA DR			
			Address		.) .
		TAMPA, FL 33625			
		<del>- · · · · · · · · · · · · · · · · · · ·</del>	City/State and Zip Code		7
		E-mail address: (	to be used for future annual report not	itication)	43 رغ
For further in	nformation c	oncerning this matter, please ca			õ
	UIS RODRIG	GUEZ	813 4542530		
	Name o	l'Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	a check for th	ne following amount:			
■ \$25,00 F	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 \$ta Certified Copy (additional copy is e	ntus &
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 issee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DL STAR TILE SERVICES LLC				
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)		•	
The Articles of Organization for this Limited Liability Company were filed on $\frac{C}{C}$ Florida document number $\frac{L18000075726}{C}$ .	and a	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company	<u>here</u> :			
The new name must be distinguishable and contain the words "Limited Liability Company." the	designation "LLC" or t	he abbreviation	L.L.C."	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)	;	- Ca - ::		
	<del></del>	į		
Enter new mailing address, if applicable:		, ,3	1 77	
Mailing address MAY BE A POST OFFICE BOX)				
		- 23		
<ol> <li>If amending the registered agent and/or registered office address or egistered agent and/or the new registered office address here;</li> </ol>	on our records, <u>er</u>	iter the nam	e of the i	
service and the service of the servi				
Name of New Registered Agent:			<b></b>	
New Registered Office Address:				
Enter F)	orida street address			
	Plosid			

## 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.

Car

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
AMBR	CARLOS JAVIER MOREJON ARGUDIN	205 ISLAND WATERS WAY APOLLO BEACH, FL 33572	Add
			□ Remove
			□ Change
AMBR	YOSMEL LLAMA PEREZ	6732 GILDA DR TAMPA, FL 33634	■ Add
			☐ Remove
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F. Effective da	te, if other than the	date of filing	<u>'</u> :		(0	optional)		
(If an effective	late is listed, the date must date inserted in this blo	be specific and	cannot be prior t	o date of filing or hle statutory fil	more than 90 days	after filing.)	Pursuant to will not be	605.020 listed a
document's	effective date on the De	partment of S	tate's records.	,				
	specifies a delayed day after the reco		ate, but not	an effective	time, at 12:0	JI a.m. (	on the ea	nier d
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