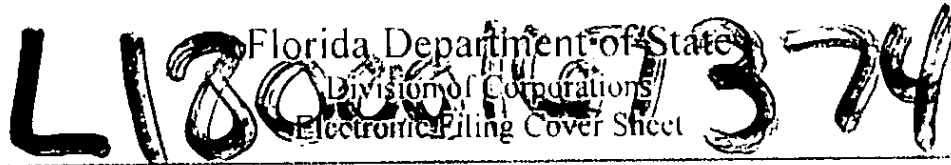


2/1/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000042883 3)))



H21000042883ABC

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GFS TAX & ACCOUNTING SERVICES
Account Number : 120140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@gfstaxacct.com

2021 FEB -1 AM 11:45

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TILE PRECISION, L.L.C**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 FEB-1 PM 2:30

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COVER LETTER

H210000428833

**TO: Registration Section
Division of Corporations**

SUBJECT: TILE PRECISION, 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:

GILVAM F DOS SANTOS

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm/Company

11764 W SAMPLE RD STE 102

Address

CORAL SPRINGS FL 33065

City/State and Zip Code

INFO@GFSTAXACCT.COM

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

For further information concerning this matter, please call:

GILVAM F DOS SANTOS

at (954)

9573244

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H210000428833

TILE PRECISION, 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 07/11/2018 and assigned
Florida document number L18000167374.

This amendment is submitted to amend the following:

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

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) _____

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: _____

11764 W SAMPLE RD STE 102

Enter Florida street address

CORAL SPRINGS

City

Florida 33065

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

H210000428833

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>
AMBR	De Andrade, Alacrino	1410 20TH AVE SW	<input type="checkbox"/> Add
		VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Francisco Portela, Carlos	1410 20TH AVE SW	<input type="checkbox"/> Add
		VERO BEACH, FL 32962	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H210000428833

D. If amending any other information, enter change(s) here: *(Attach additional sheets if necessary)*

N/A

E. Effective date, if other than the date of filing: _____ *(optional)*

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. (See Section 105.020, 3)

Note: All the dates inscribed in this block do 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.

Officer, and specifies a delayed effective date, unless an effective date is listed on the certificate of filing, the date of filing is the date of filing.

JANUARY 21, 2021

Dated:

ALACRINO DE ALACRINO

Signature of a member of public or private signature of firm, trust, or partnership

DE ANDRADE ALACRINO

Typed or printed name of signatory

Filing fee: \$75.00