11800210637

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



600318401886

09/18/18--01008--031 **25.00

FILED

18 SEP 17 PM 5: 35

STUBLING STATE

ALL THUSSEEF FLORING

SEP 21 70" T SCHROEDER

COVER LETTER

TO: Registration Solivision of Co			
SUBJECT:		270 and 17Le L1	.e
	Name of Lim	uted Liability Company	
The enclosed Articles of	Amendment and feets) are sub	unated for filing.	
	ondence concerning this matter	_	
:			
	Rut	H Mendo	2 9
	(as/illa	O lerrazzo Firm-Company	and Title LLC
	2507 19	th St W	
	Lengh!	Acres, Fl 336 City/State and Zip Code	5,11
	F-mail address; (to be used for future annual report not	(fication)
For further information c	oncerning this matter, please ca	all:	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	□ \$30.00 Uling 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)
Registi	ING ADDRESS:	STREET/COUR Registration Secti	on
Division of Corporations P.O. Box 6327 Tallybragus, VI 22344		Cliffon Building 2661 Executive Center Circle	
Registi Divisio P.O. B	ration Section on of Corporations	Registration Secti Division of Corpo Clifton Building	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar	iv as it now appears on our recor	LLC ds.)
(A Florida Lamited L The Articles of Organization for this Limited Liability Company of Florida document number <u>L 180021063</u> 7	iaomity company)	118 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi Castillo Terrazzo The new name must be distinguishable and contain the words "Limited Liabili	and Tile	LLC C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	73. <u>1</u> 8. SE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FIT PR 5: 30
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ls, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street addre	283
	City F	lorida
	N 10	7.47 CANG

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

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>Address</u> Type of Action Title **Name** □ Add ☐ Remove ☐ Change □ Add □ Remove = <u>=</u> □ (**166**)nge ☐ Remove _□ Change _□ Add ☐ Remove _□ Change _□ Add ☐ Remove

_□ Change

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<u>C</u>	OPPECTING A MISSPELLED WORD, IT IS	
	TILE INSTEAD OF TITLE :-	
	CASTILLO TEPRAZZO AND TILE LLC	
	IS THE COPPECT NAME.	
		
		Γι
		-
		7
	5. S.)
	2/12/19 W	
	date, if other than the date of filing: (optional)	
Note: If t	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	
document	's effective date on the Department of State's records.	
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	ef:
	Oth day after the record is filed.	
	09/13/13	
Dated		
	Signature of authorized representative of a member	
	Duth Hendoza	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00