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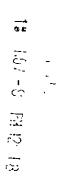
| (Requestor's Name) |
|---|
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions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

| Division of Co | | | |
|---------------------------|---|--|---|
| SUBJECT: | MAYEDO TILE Name of Limit | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subm | nitted for filing. | |
| Please return all corresp | ondence concerning this matter t | o the following: | |
| | ANGEL MA | YeDO MONTEA GUS Name of Person |) 0 |
| | MAyes | Firm/Company | |
| | 2324 LYNBA | COOKE VIEW CT. | APT 1 |
| | ORLANDO | City/State and Zip Code CMAIL . Con o be used for future annual report noti | |
| | HAYEDOTILE E-mail address: (to | o be used for future annual report noti | fication) |
| For further information | concerning this matter, please ca | II: | |
| AN Gel Name | MAY=00 of Person | at (487) 485 Area Code Daytin | - 5 13& e 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

| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our records.) d Liability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Compan | by were filed on $\frac{10/18/2618}{2618}$ and assigned |
| Florida document number 118000 244 578 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia | |
| The new name must be distinguishable and contain the words "Limited Liah | bility Company," the designation "LLC" or the abbreviation "L.L.C" |
| Enter new principal offices address, if applicable: | N/A |
| (Principal office address MUST BE A STREET ADDRESS) | 6 |
| | E |
| | င့် |
| Enter new mailing address, if applicable: | NA |
| Mailing address MAY BE A POST OFFICE BOX) | 5 |
| | <u> </u> |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he | |
| New Registered Office Address: \(\sum_{A} \) | Enter Florida street address |
| | |
| | , Florida |

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>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------------|--------------------------|----------------|
| MGR | SAMIRA SANZ | 2324 Lynbrooke View ct. | 🗆 Add |
| | | Art. 1 Ochando, Fl 32822 | Remove |
| | | | Change |
| McR | Angel Hayedo Montra GUDO | 2324 Lynbrooke View ct. | Add |
| | | Apt. 1 Onlando, Fl 32822 | □ Remove |
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| ective date, if other than the date of filing: | (optional) |
| effective date is listed, the date must be specific and cannot be prior to date of filing | g or more than 90 days after filing.) Pursuant to 605.0 |
| e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records. | y filing requirements, this date will not be listed |
| | |
| record specifies a delayed effective date, but not an effect | tive time, at 12:01 a.m. on the earlier |
| he 90th day after the record is filed. | |
| , | |
| ed /1/01 . 2018 . | |
| | |
| Signature of a member or authorized represer | ntative of a member |
| | |

Page 3 of 3

Filing Fee: \$25.00