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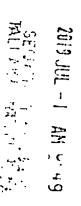
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section Division of Corporations

TO:

GUANIMI SUBJECT:	ERO TILE LLC		
300aECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OLGA RAMOS		
	FREEDOM TAX SERVIC	Name of Person IE OF SW FL CORP	
		Firm/Company	
	12355 COLLIER BLVD S	TE H Address	
	NAPLES, FLORIDA 3411		
	OLGARAMOS0524@GMI	City/State and Zip Code L.COM	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
OLGA RAMOS		239 455-6011 at ()	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed 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)
Regist Divisio	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	211
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Ce	enter Circle

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

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	,,,	 				

(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 $\frac{02/13/2019}{\text{L19000043653}}$					and	_ and assig	
This amendment is submitted to amend the follo	owing:						
A. If amending name, enter the new name of	the limited liab	ility compan	<u>v here</u> :				
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," (the desig	nation "LLC"	or the abb	reviation)اا" ۱
Enter new principal offices address, if applica	able:	1709 E WA	TER A	VE	₹	<u>~</u> "	
(Principal office address MUST BE A STREE		TAMPA, F	L 33604			319.	
					- , 7- - , ;-		1
					21		<u> </u>
Futer new mailing address, if applicable:		1709 E WA	TER A	VE	• • •	AK	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	TAMPA, F	L 33604	·	्रेबु स्थ ा	င္ပာ	
Truming and control birth of the control of the con	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			-	1211	6 1	
B. If amending the registered agent and/or the new registered of Name of New Registered Agent:	***	<u>e</u> :					
New Registered Office Address:	12355 COLLIER BLVD STE H						
New Registered Office Address.	Enter Florida street address						
	NAPLES, Florida 34			rida ³⁴¹	116		
		City				Zip Ce	ode
New Registered Agent's Signature, if changing B	<u> Registered Agent:</u>						
					_		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this docume 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>	<u>Name</u>	Address	Type of 1
	PEDRO ALCANTARA	6612 AMBASSADOR DRIVE	
MGR ———			
		TAMPA, FLORIDA 33615	
			Remo
MGR	PEDRO ALCANTARA	1709 E WATER AVE	
			= Add
		TAMPA, FL 33604	
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 Effective date, if other than the (If an effective date is listed, the date mus 	date of filing:	. , , , , , , , , , , , , , , , , , , ,	((optional)		
(If an effective date is listed, the date mus	t be specific and cannot b	e prior to date of filing	g or more than 90 days	after tiling.) Pursuar	10.000
Note: If the date inserted in this bloom	ock does not meet the	applicable statutory	ming requirements	, this date	will not	be fiste
document's effective date on the Do	epartment of State's re	cords.				
f the record specifies a delayed	l effective date, b	ut not an effect	ive time, at 12:0	01 a.m.	on the	earlie
b) The 90th day after the rec						
,						
JUNE 4TH Dated	2019					
Dailed	<u> </u>	·				
(1) ATA	<i>)</i>)					
(X) (Kach	//					
	Signature of a member of	or authorized represen	native of a member			
	S. Enature of a member (
DEDRO ALCANTARA						

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee