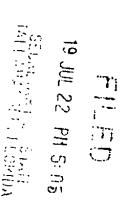
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(Re	equestor's Name)	_
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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THE SOURCEDER

COVER LETTER

TO:

Registration Section

Div	ision of Corporations				
	CERAMIC LOPEZ AND MORE LLC				
Name of Limited Liability Company					
The enclosed	d Articles of Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspondence concerning this matter	to the following:			
	GARCIA LOPEZ, JAVIER				
	CERAMIC LOPEZ AND M	Name of Person ORE LLC			
		Firm/Company			
	133 GWYN DR APT A				
		Address			
	PANAMA CITY, FLORIDA				
	LOPEZMELVIN41@GMAIL	City/State and Zip Code .COM			
	E-mail address: (to be used for future annual report notification)			
For further i	nformation concerning this matter, please c	all:			
GARCIA L	OPEZ, JAVIER	561 703-0494			
	Name of Person	Area Code Daytime Telephone Number			
Enclosed is	a check for the following amount:				
□ \$25.00 I	Filing Fee & Gertificate of Status	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

<u>r)</u>
and assigned
" or the abbreviation "L.L.C."
<u> </u>
s, enter the name of the
s ·
vrida

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.

City

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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FUNES LOPEZ, MICHELLE	133 GWYN DR APT A, PANAMA CITY BEACH, FL 32413	
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				70	S:
Effective date, if other	than the date of filing:			(option <u>al</u>)	\supset
Note: If the date inserted	he date must be specific and cam't in this block does not meet to on the Department of State	the applicable statutor	ng or more than 90 day ry filing requirement	s after filing.) Pu is, this date wil	irstfant to 605.0 I not be listed
ne record specifies a The 90th day after	delayed effective date the record is filed.	, but not an effec	tive time, at 12	:01 a.m. on	the earlier
Dated <u>07/09</u>	12019.	,			
Milaitop	Signature of a memb	per or authorized represe	entative of a member		
10 \ .	1	<u>Larcia</u>		_	

Page 3 of 3

Filing Fee: \$25.00