L19000142245

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAJL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

	Registration S Division of Co		8	.
SURIFO	Dynamic T:	File Contractors of Collier Cou	inty, LLC	
5011110	, I.		mited Liability Company	
The enclo	osed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please rei	turn all corresp	ondence concerning this matte	r to the following:	
		Weverson M. Capeline		
		Dynamic Tile Contractors	Name of Person of Collier County, LLC	
		161 Wading Bird Cir, L-1	Firm/Company 06	
		Naples, Fl. 34110	Address	
		dynamictilecontractors@gr	City/State and Zip Code nail.com	
			to be used for future armual report noti	ication)
for furthe	r information c	oncerning this matter, please c	all:	
Weverson	Capeline		917 523-9051 at ()	
	Name o	f Person		Telephone Number
Enclosed i	is a check for th	ne following amount:		
3 \$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

Dynamic Tile Contractors of Collier County, 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 05/28/2019 and assigned Florida document number <u>L.19000142245</u> 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: Weverson Marcos Capeline Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adour removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rola Nesheiwat	161 Wading Bird Cir. L-106 Naples, Fl. 34110	
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. If amending any other information, enter change(s) here: (Attach additional sheet	
	
	
	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at : The 90th day after the record is filed.	12:01 a.m. on the earlier of:
Dated JUNF 101 7 2019.	
Signature of a member or authorized representative of a member	מו

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Typed or printed name of signee

Filing Fee: \$25.00