## L19000231593

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2019 OCT 28 AH II: 27

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## **COVER LETTER**

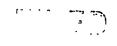
TO:	Registration Se Division of Cor			<i>*</i>
SUBJI	MATER TI	LES LLC		
		Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		LUCHO MIGNECO		
			Name of Person	
		3030 NW 79th avenue	Firm/Company	
		50.50 NW 79th avenue	Address	
		Doral, Fl. 33122	Address	
		bikelab2001@hotmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Lucho	Migneco		786 3789906 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount;		
\$2.	5.00 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



MATER TILES LLC

2019 00T 28 AH 11: 22

(Name of the Limited Liability (A Florida L	Company as it now appears on our recordinited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Con Florida document number L19000231593	mpany were filed on September 09, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	**
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ds, enter the name of the 1
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	000
		lorida
	• *	

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	ELIS ARBOLEAS	8431 NW 188th Terrace # 807	
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ective date, if other than the effective date is listed, the date mus	date of filing:	ior to date of filing or more th	(optional)	uant to 605.0
te: If the date inserted in this blo nument's effective date on the Do	ock does not meet the app	licable statutory filing req	uirements, this date will n	ot be listed
union seriective date on the 150	spartment of State's recor	us.		
record specifies a delayed	Leffective date but	not an effective time	at 12:01 a.m. on th	ne earlier
he 90th day after the reco		inot on chactive time	, 40 12101 0 0	
October 22	2019			
<u> </u>	·	Tirlo/B.		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00