

L20 000 273 700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

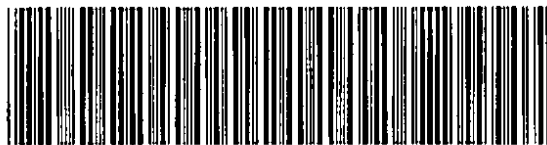
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 SEP 24 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FL

to 10/30/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JR'S TILE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADRIAN RAMIREZ-GOICOHEA

Name of Person

Firm/Company

2503 8TH AVE E

Address

PALMETTO, FL 34221

City/State and Zip Code

ADRIANRAMIREZ07@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIAN RAMIREZ-GOICOHEA

941 225-1076
at ()

Name of Person

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

JR'S TILE LLC

James R. Rutter
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ADRIAN RAMIREZ-GOICOHEA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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2022 SEP 28 PM 4:13
TALLAHASSEE, FL
CLERK OF DISTRICT COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

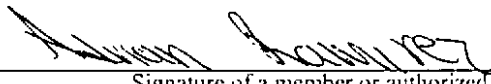
Blank lines for amending information.

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CLERK OF DISTRICT COURT
HALL COUNTY, FL

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 22, 2020



Signature of a member or authorized representative of a member

ADRIAN RAMIREZ-GOICOHEA

Typed or printed name of signee