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Office Use Only



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COVER LETTER

TO:

TO: Registration Division of C					
Alavez T	ile and Marbel Desing, LLC				
30bJEC1:	-				
The enclosed Articles o	of Amendment and fee(s) are sui	bmitted for filing.			
Please return all corresp	oondence concerning this matter	r to the following:			
	Victor A Alavez Melgar				
		Name of Person			
	Alavez Tile and Marble R	estoration & Design, LLC			
		Firm/Company		~ ^	
	2117 46th Ter SW Apt B		TĂ.	2021 H	ž
	-	Address		AETA .	!
	Naples, FL 34116		当 が ぐ		- ;
	Alavez_Victor@yahoo.com	City/State and Zip Code	ָרָרָ היי	PH 2:2	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti	fication)	TE 2	
Noemi Diez	predict of	239 495-1204			
Name	of Person	at () 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)	Certified (e of Status &	
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 81	0	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alayez Tile and Marbel Desing, LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 01/22/2021 and assigned
Florida document number L21000042490	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
Alavez Tile and Marble Restoration & Design, LLC	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	THE TOTAL TO
(Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 2: 21
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registere</u> c
Name of New Registered Agent:	Victor A. Alavez
New Registered Office Address:	Victor A. Aluxe? Enter Florida street address
Bon	rita Springs, Florida 34/35 City Zip Code

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 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 Title <u>Name</u> **Address** Type of Action _____ □Add Remove □Remove ____ □Change ______ Change ______ □ Remove _____ □Change _____ □Add _____ □Remove

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an effective date is	listed, the date	e must be spec	ific and c	annot be prio	r to date of fi	ling or more	than 90 days	optional] after filing	.) Pursua	int to 60.	5.0207
ote: If the date in the date in the occurrent's effection	nserted in the	us block doe he Departme	s not me nt of St	et the appli- ate's records	eable statut	ory filing ro	quirements	, this date	will no	t be lis	ted as
record specifies a	delayed eff	ective date, b	out not a	n effective t	ime, at 12:0	01 a.m. on t	he carlier o	f: (b) T	he 90th	day afte	r the
is filed.											
ated	Feb	22		2021							
			·		<u> </u>						
		Victor	Δ.	Have 2							
											

Filing Fee: \$25.00