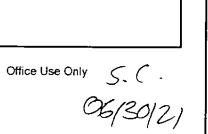
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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| · | ŕ | • |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | _ |
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COVER LETTER

| Division of Co | | i Vita | |
|-------------------------------------|--|--|---|
| | D.REYES.TILE | ELLC | |
| ивјест: | Name of Limi | ted Liability Company | |
| he enclosed Articles of | Amendment and fee(s) are subt | nitted for filing. | |
| case return all corresp | ondence concerning this matter | to the following: | |
| | DAYANNE REYES SILV | A | |
| | | Name of Person | |
| | D.REYES.TILE LLC | | |
| | <u> </u> | Firm/Company | |
| | 6237 9th Ave | | |
| | | Address | |
| | NEW PORT RICHEY, FL | 34653 | |
| | | City/State and Zip Code | |
| | omarigarcia@gmail.com | | * · · |
| | | to be used for future annual report notif | reation) |
| for further information | concerning this matter, please of | all: | |
| DAYANNE REYES | SILVA | 305 896-6303 | |
| Name | of Person | Area Code Daytime | e Telephone Number |
| | | | 2021 EAY |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | (1) \$30.00 Filing Fee & Certificate of Status | Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, CO Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addr</u> Registration | | Street Address: Registration Se | ction |
| Division of | Corporations | Division of Cor | porations |
| P.O. Box 63 Tallahassee | | The Centre of T 2415 N. Monro Tallahassee, FL | e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| D.REYES.TILE LLC | | | |
|---|---|----------------------------|-----------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | uny as it now appears o Liability Company) | n our records.) | |
| e Articles of Organization for this Limited Liability Company | were filed on | 02/19/2021 | and assigned |
| orida document number | | | |
| is amendment is submitted to amend the following: | | | |
| . If amending name, enter the new name of the limited liab | oility company here | ; | |
| e new name must be distinguishable and contain the words "Limited Liabi | lity Company," the desig | gnation "LLC" or the ab | obreviation "L.L.C." |
| nter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
| | | | |
| nter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | 2 |
| . If amending the registered agent and/or registered office | address on our reco | ords, <u>enter the nan</u> | ie of the new registi |
| ent and/or the new registered office address here: | | | |
| | | | 28 |
| Name of New Registered Agent: | | | **3 |
| New Registered Office Address: | | | <u></u> |
| | Enter Florida | street address | ։ 2և |
| | | , Florida | |
| | Ciţv | | 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 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> | Type of Action |
|--------------|------------------------|-----------------------|----------------|
| AMBR | PEDRO PRIETO | 6459 MELACANO AVE | |
| | | SPRING HILL, FL 34608 | ■Remove |
| | | | □Change |
| AMBR | PEDRO PRIETO FERNANDEZ | 6459 MELACANO AVE | ≡ Add |
| | | SPRING HILL, FL 34608 | □Remove |
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| ffective date, if other than the date of an effective date is listed, the date must be spectore. If the date inserted in this block document's effective date on the Department. | rific and cannot be prior to as not meet the applicab | o date of tiling or more ble statutory filing re | (options than 90 days after fill equirements, this da | ine i Pursus | unt to 605,020 of be listed as |
| record specifies a delayed effective date, l | but not an effective tim | oe, at 12:01 a.m. on | the carlier of: (b) | The 90th | day after the |
| ated | 2021 | | | | |
| | Down | no Railo | | | |
| Simple | re of a member or author | zed representative of | ı member | | |
| Signatu | | | | | |

Filing Fee: \$25.00