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(Re	questor's Name)
(Ad	dress)	
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(Cit	ty/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ame)
(Do	cument Numbe	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer	
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Office Use Only



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** 21 AUG 23 PH 3: 16

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
SUBJECT:	BLANCO'S	TILES LLC		•
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		EBER R. FRIAS BLANC	0	
			Name of Person	
		BLANCO'S TILES LLC		
			Firm/Company	 _
		1408 AMBERWOOD BL	VD	
			Address	
		KISSIMMEE, FL. 34741		
			City/State and Zip Code	
		oakridgeservicecenter@gm		
T 6 4 .	٠		to be used for future annual report notifi	cation)
		oncerning this matter, please c	all:	
MARGARI'	ra contre	RAS	407 779-3339 at ()	
	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	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)
Reg Div P.C	iling Address gistration S vision of Co D. Box 632 lahassee, F	ection orporations 7	Street Address: Registration Sectorial Division of Corporthe Centre of Ta 2415 N. Monroe	orations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF COURT DESIGNATION

BLANCO'S TILES LLC

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(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 Comp	pany were filed on 07/21/2021	and assigned
Florida document number L21000332156		
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 I	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	<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 off agent and/or the new registered office address here:	ice address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		············
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	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 = N	1anager Authorized Member	Address 21 AUG 23 PH 3: 16	
<u>Title</u>	<u>Name</u>	Address 21 AUG 23 PH 3	Type of Action
AMBR	EBER R. FRIAS BLANCO	1408 AMBERWOOD BLVD, KISSIMMEE FL 34	741
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
		.	Change
			□Add
			□Remove

	mation, enter change(s) here: (Attach additional sheets, if necessary.)
	21 AUG 23 PH 3: 16
	
 	
vote. It the date inserted in th	the date of filing:
record specifies a delayed effoliation is filed.	etive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

ated	2021
Dated AUGUST 17TH	
Pated AUGUST 17TH	Signature of a member or authorized representative of a member