

h71000448722

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STATE MAY 17 2011
TALLAHASSEE, FL

JUL 26 AM 11:57

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADD MEMBER TO 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:

ABEL ACOSTA HERRERA

Name of Person

A & T ICONIC MARBLE AND TILE LLC

Firm/Company

5616 MARIGOLD WAY APT 203

Address

NAPLES, FL 34109

City/State and Zip Code

jhernandez_a@yahoo.com

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

For further information concerning this matter, please call:

ABEL ACOSTA HERRERA

239

204-7996

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 JUL 26 AM 11:57

A & T ICONIC MARBLE AND TILE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY'S OFFICE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/14/2021 and assigned
Florida document number L21000448722.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

[illegible]

2022 JUL 26 AM 11:51
SCOTT COUNTY
TALLAHASSEE, FL

2022 JUL 26 AM 11:51
SUNNYVALE
TALLAHASSEE FL

7-11-68

(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)

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 July 21st 2022



Signature of a member or authorized representative of a member

Gibel Acosta Herrera

Typed or printed name of signee

Filing Fee: \$25.00