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K. SALY

## **COVER LETTER**

	ition Section of Corporations	
DUC	O TILE LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are sub	omitted for filing.
Please return all c	orrespondence concerning this matter	to the following:
	DUO, PAULO R	
	<del></del>	Name of Person
	DUO TILE LLC	
		Firm/Company
	10040 CEDAR DUNE DE	Ł
		Address
	TAMPA, FL 33624	
		City/State and Zip Code
	PAULORDUO@GMAIL.	(to be used for fiture annual report notification)
For further inform	nation concerning this matter, please o	
DUO, PAULO R		813 450-9888 at ( )
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	
■ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Registr Divisio P.O. Bo	Address: ation Section on of Corporations ox 6327 assee, 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

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DUO TILE LLC		
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/26/2022 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
<del></del>		
	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

8138849263

<u>Title</u>	Name	Address	Type of Action
AMBR	TATIANE REGINA LOPES	10040 CEDAR DUNE DR	■Add
	MOREIRA DUO	TAMPA, FL 33624	□ Remove
			□ Change
			Change  Change  Remore  Prince
			Hemore 1
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