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T. MATTHEWS APR 1 1 2022

## **COVER LETTER**

TO: Registration S Division of Co		,	
	777 TILES LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JOSE S RAMOS AMAYA	4	
		Name of Person	
	RAMOS 777 TILES LLC		
	-	S AMAYA  Name of Person  ILES LLC  Firm/Company  Address  FL 32766  City/State and Zip Code  if address: (to be used for future annual report notification)  er, please call:  at (407	
	1875 IST AVE		
		Address	<del></del>
	CHULUOTA, FL 32766		
		City/State and Zip Code	<del></del>
	E-mail address:	to be used for future annual report noti-	fication)
For further information	concerning this matter, please c	all:	
JOSE S RAMOS AMA	YA		
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION DIVISION OF **OF** 22 MAR 28 PM 3= 19

RAMOS 777 TILES LLC

(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 Company were filed on  $\frac{03/07/2022}{1}$ \_\_\_ and assigned Florida document number L22000114209 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (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: JOSE S RAMOS AMAYA Name of New Registered Agent: 1875 IST AVE New Registered Office Address: Enter Florida street address CHULUOTA 

## 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.

City

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>	Address	Type of Action
MGRM	ELIANY RAMOS VALLADARES	1875 1ST AVE	■Add
		CHULUOTA, FL 32766	Remove
			□Change
MGRM	JOSE S RAMOS AMAYA	1875 IST AVE	□Add
		CHULUOTA, FL 32766	□Remove
			■ Change
			□Add
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Effective date, if other than the	date of filin	03/22/2022		(ont	ional)	
It an effective date is listed, the date mu <b>Note:</b> If the date inserted in this b document's effective date on the E	st be specific and lock does not r	d cannot be prior meet the applica	to date of filing or able statutory fil	more than 90 days after	er filing.) Pursuant to 605.0	)207 ( d as ti
e record specifies a delayed effectived is filed.	e date, but no	t an effective tii	ne, at 12:01 a.m	on the earlier of: (	b) The 90th day after t	the
MARCH 22		2022				
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Typed or printed name of signee