

L22000259440
Florida Department of State
Division of Corporations
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H230004321133ABCT

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : E&G FINANCIAL GROUP LLC
Account Number : I20220000177
Phone : (689)269-8784
Fax Number : (407)536-4393

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STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@egfinancialgroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TILE FLOORS LLC

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December 20, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TILE FLOORS LLC
3818 W IOWA AVE
TAMPA, FL 33616US

SUBJECT: TILE FLOORS LLC
REF: L22000259440

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

What are you wanting to do with Colombo Barbosa Emerson Henrique?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H23000432113
Letter Number: 023A00029023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TILE FLOORS 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:

VINICIUS EVANGELISTA
Name of Person

E&G FINANCIAL GROUP LLC
Firm/Company

7065 WESTPOINTE BLVD, SUITE 304
Address

ORLANDO, FLORIDA 32835
City/State and Zip Code

INFO@EGFINANCIALGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

VINICIUS EVANGELISTA at (689) 269-8784
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

DocuSign Envelope ID: 99289794-08B1-4CDD-9144-2A4F7A19D039

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TILE FLOORS 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 06/05/2022 and assigned
Florida document number L22000259440

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)

8092 INDIAN CREEK BLVD

KISSIMMEE, FL 34747

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8092 INDIAN CREEK BLVD

KISSIMMEE, FL 34747

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:

E&G FINANCIAL GROUP LLC

New Registered Office Address:

7065 WESTPOINTE BLVD, SUITE 304

Enter Florida street address

ORLANDO

City

Florida

32835

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>	<u>Type of Action</u>
AMBR	COLOMBO BARBOSA, EMERSON HENRIQUE	8092 INDIAN CREEK BLVD	<input type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LISENKO, ANA PAULA	1041 SUMMER LAKES DR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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