

122000265676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

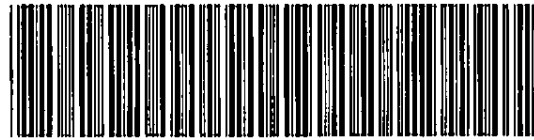
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300392764533

01/20/12 -- 01018 -- 010 -- \$25.00

FILED
2022 DEC 13 AM 11:58
JULIE

C Hall
12/14/22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DS custom Tile 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:

Daniel Santiago
Name of Person

Firm/Company

4325 10th Ave SE
Address

Naples FL 34117
City/State and Zip Code

DScustomtile14@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Santiago at (239) 2340699
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

2022 DEC 13 AM 11:53

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2022

DANIEL SANTIAGO
4325 10TH AVENUE SOUTH EAST
NAPLES, FL 34117

We have received your document for DS CUSTOM TILE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following:

The document must be signed by a member or an authorized representative of a member.

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE ADD DATE ARTICLES WERE FILED AND THE DOC NUMBER OF THE ENTITY,

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 .

Carl Hall
OPS Clerk

Letter Number: 422A00025031



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2022

DANIEL SANTIAGO

4325 10TH AVE SOUTHEAST
NAPLES, FL 34117

SUBJECT: DS CUSTOM TILE LLC
Ref. Number: L22000265676

We have received your document for DS CUSTOM TILE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following:

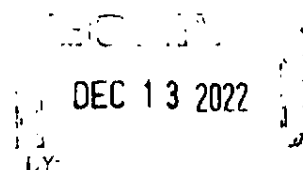
You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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 .

Carl Hall
OPS Clerk

Letter Number: 822A00026593



ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DS custom file LLC

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

2022 DEC 13 11:11:55

The Articles of Organization for this Limited Liability Company were filed on June 10 2022 and assigned
Florida document number L22000265676.

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

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

(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 12-09-2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00