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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

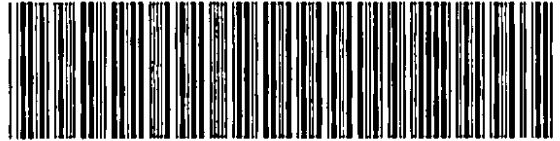
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 SEP - 1 PM 12:07

SEP 01 2022

R. HUNT

To: Florida Department of State Division of Corporations

From: David Ramos

RE: Entity Name Change

To Whom It May Concern:

Please see included form requesting name change from Sunrise Tile & Flooring, LLC to Beachside Tile and Flooring, LLC.

If you need to contact me further please do so at 321-223-5613, my mailing address 215 Sunrise Avenue, Satellite Beach, FL 32937.

Thank you for your assistance,

David Ramos

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DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunrise Tile & Flooring, 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:

David A Ramos

Name of Person

Sunrise Tile & Flooring, LLC

Firm/Company

215 Sunrise Avenue

Address

Satellite Beach, FL 32937

City/State and Zip Code

ghutres12@gmail.com

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

For further information concerning this matter, please call:

David A Ramos

321

302-9982

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

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DIVISION OF CORPORATIONS

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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H.A.D.
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 SEP -1 PM 12:07

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 18, 2022

David R.
Signature of a member or authorized representative of a member

David A Ramos

Typed or printed name of signee

Filing Fee: \$25.00