L220037966

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ed Copies Certificates of Status
al Instructions to Filing Officer:
J. HORNE DEC 12 2022

Office Use Only



900398469459

12/09/22--01028--008 **25.00

LLAHASSEE, FLORE

RECEIVED

2022 DEC -9 AM 9: 4.7 SECRETARY CO.

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

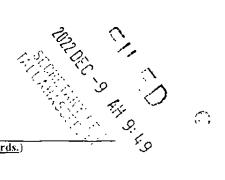
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Trade/Service Mark			L.C. File
Merger File			Fictitious Name File
Art. of Amend. File			Trade/Service Mark
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Cert. Copy			Dissolution / Withdrawal
Photo Copy			Annual Report / Reinstatement
Certificate of Good Standing			Cert. Copy
Certificate of Status			Photo Copy
Certificate of Fictitious Name			Certificate of Good Standing
Corp Record Search			Certificate of Status
Officer Search			Certificate of Fictitious Name
Fictitious Search			Corp Record Search
Fictitious Owner Search			Officer Search
Vehicle Search			Fictitious Search
Vehicle Search	<u> </u>		Fictitious Owner Search
Driving Record	Signature		
Requested by:		- 	
UCC Search UCC Search UCC Retrieval UCC UCC Retrieval UCC UCC Retrieval UCC	Requested by:		
Name Date			
Walk-In Will Pick Up Courier	Name	Date Time	

COVER LETTER

	egistration Sivision of Co			
SUBJECT		e Service Lle		
SOBJECT	:	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please retur	m all correspo	ondence concerning this matte	r to the following:	
		Leandro Soler Perondi		
			Name of Person	·
			Firm/Company	
		4014 W Waters Ave Apt	1713	
		Tampa, FL 33614	Address	
			City/State and Zip Code	
		yanisleyf@yahoo.com		
For further i	nformation co	E-mail address: (oncerning this matter, please c	to be used for future annual report notificall:	ation)
Leandroo S	oler Perondi		813 399-6321	
	Name of	Person		Celephone Number
Enclosed is	a check for th	e following amount:		
≡ \$25,00 i	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		ection	Street Address: Registration Section	
Division of Corporations P.O. Box 6327		orporations 7	Division of Corpo	
Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Yeshua Tile Service 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 L	iability Compar	ny were filed on $\frac{08/3}{2}$	30/2022	and assigned
Florida document number 1.22000379696	·			
This amendment is submitted to amend the foll-	owing:			
A. If amending name, enter the new name o	f the limited lia	ability company her	<u>re</u> :	
The new name must be distinguishable and contain the v	vords "Limited Lia	bility Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)	-		
		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or r	egistered office	e address on our re	cords, enter the nam	e of the new registered
agent and/or the new registered office addre	ss nere:			
Name of New Registered Agent:	Yani Fernand	lez		
New Registered Office Address:	3956 W Hills	borough ave		
-		Enter Flori	da street address	
	Tampa		, Florida ³³⁶	514
		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.

Yani Fernandez

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>	Type of Action
MGR	Leandro Soler Perondi	4014 W Waters Ave Apt 1713 Tampa, FL 33614	= Add
			□Remove
			□Change
AP	Leandro L SR Perondi	4014 W Waters Ave Tampa, FL 33614	□Add
			■Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

date, if other than the date of filing:
pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
12/09/2022 15:06 UTC
Lecodro Suler Crrondi
Signature of a member or authorized representative of a member
Leandro Soler Perondi

COVER LETTER

Tallahassee, FL 32314

TO: Registration 5 Division of Co			
Yeshua T	ile Service Lle		
30bJEC1:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Leandro Soler Perondi		
		Name of Person	
		Firm/Company	
	4014 W Waters Ave Apt 1	713	
		Address	
	Tampa, FL 33614		
	yanisleyf@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Leandroo Soler Perond	i	813 399-6321	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addro		Street Address: Registration Se	ection
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303