## 123000267142

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(Requestor's Name)	
(Address)	200413363612
(Address)	UC 200413363612 NIC Amend W23-117699
(City/State/Zip/Phone #)	$W_{23} - 117699$
PICK-UP WAIT MAIL	
(Business Entity Name)	08/04/2301020019 •*29.00
(Document Number)	
Certified Copies Certificates of Status	2024
Special Instructions to Filing Officer:	20074 MAY 28 PH 12 44
	A. RAMSEY JUN 3.2024
Office Use Only	JUN 3.2024
X-00789,005	24 00671



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2023

TONY RILEY 187 7TH STREET NAPLES, FL 34113

SUBJECT: TONY RILEY'S INSTALLATION SERVICES, LLC Ref. Number: L23000267142

We have received your document for TONY RILEY'S INSTALLATION SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is incomplete. Page 2 of the amendment form is missing. I have enclosed a blank page 2 for your convenience. Please include page 2 even if you are not making any changes on that page.

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) 245-6050.

Annette Ramsey OPS

Letter Number: 223A00020076

## • COVER LETTER

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TO:	<b>Registration Section</b>
	Division of Corporations

Tallahassee, FL 32314

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TONY RH SUBJECT:	LEY'S INSTALLATION SERV	VICES, LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TONY RILEY		
		Name of Person	
	·····	Firm/Company	
	187 7TH STREET		
		Address	
	NAPLES, FL 34113		
	THEFLOORINGGUY3366	City/State and Zip Code	
		to be used for future annual re	port notification)
For further information of	concerning this matter, please c	all:	
TONY RILEY	_	239 248-1 at ( )	275
Name o	of Person	Arca Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos)	<ul> <li>S60.00 Filing Fee, Certificate of Status &amp; Certified Copy (additional copy is enclosed)</li> </ul>
<u>Mailing Addres</u> Registration S Division of C	Section		on Section
P.O. Box 632			of Corporations e of Tallahassee

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF	FAMENDMENT	
		1
ARTICLES OF	ro Organization	
(	OF 2024 MAY 28 PR	17 44
		112
TONY RILEY'S INSTALLATION SERVICES, LLC	C JOYA DAY	
(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)	• · ·
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	1 Ware Elect on 06/01/2023	
Florida document number	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
TONY RILEY'S FLOORING INSTALLATION, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LIC" or the abb	terrintion #T T C H
Enter new principal offices address, if applicable:		icviation L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		
B. If amending the provision of a sector of the sector of		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ddress on our records, <u>enter the name o</u>	of the new registered
Nome of Number of States		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	577 EE 1144/EJ3	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	Cay	Zip Code
ent: Contractore, in 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.

RECEIVED

If Changing Registered Agent, Signature of New Registered Agent

MAY 28 2024

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

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<u>Title</u>	Name	<u>Address</u>	Type of Action
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		<u> </u>	
		<u></u>	🗆 Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_(optional) (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) <u>Note:</u> 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.

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.

08 Dated Signature of a member of authorized representative of a member Teny Riley Ayped or printed pame of signee