

L23000334509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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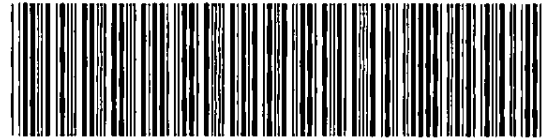
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
PAID 40.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CANIZALEZ CD 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:

KARINA S CANIZALES DIAZ

Name of Person

CANIZALES CD TILE LLC

Firm/Company

807 LYSTRA AVE

Address

FORT MYERS FL, 33913

City/State and Zip Code

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

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RECEIVED
TALLAHASSEE
SECRETARY OF STATE

For further information concerning this matter, please call:

KARINA S CANIZALES DIAZ

at (407) 600 4043

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

CANIZALEZ CD TILE LLC

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	KARINA S CANIZALES DIAZ	807 LYSTRA AVE FORT MYERS FL, 33913	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KARINA S CANIZALEZ DIAZ	807 LYSTRA AVE FORT MYERS FL, 33913	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF THE
TALLAHASSEE SOCIETY
2023 SEP 13 PM 4:59
FBI

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

There was a misspelling in my last name, it was written as Canizalez with a double Z

, but as it should be: Canizales ends in the letter S.

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TALLAHASSEE

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)

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.

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 31 day of August, 2023

Karina Susana Canizales Diaz

Signature of a member or authorized representative of a member

Karina S Canizales Diaz

Typed or printed name of signee

Filing Fee: \$25.00