

L23000499371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

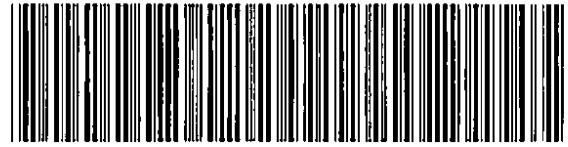
(Document Number)

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LM/LS

Office Use Only



400434338914

By Filing Officer's Signature

2010-10-10

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TEKKA FLOORING SUPPLIES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCIS N SANTOS GARCIA

Name of Person

TEKKA FLOORING SUPPLIES LLC

Firm/Company

15276 CITRUS GROVE BLVD

Address

LOXAHATCHEE, FL 33470

City/State and Zip Code

Frasan1020@gmail.com

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

For further information concerning this matter, please call

FRANCIS N SANTOS GARCIA

561

201-4003

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TEKKA FLOORING SUPPLIES 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 Liability Company were filed on November 2nd, 2023 and assigned  
Florida document number L23000499371.

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)**

1705 DONNA RD, UNIT 2-3

WEST PALM BEACH, FL 33409

**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:

FRANCIS N SANTOS GARCIA

New Registered Office Address:

15276 CITRUS GROVE BLVD

Enter Florida street address

LOXAHATCHEE

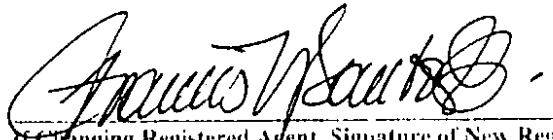
Florida 33470

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

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	ALEXANDRE DE LA RONCIERE	1705 DONNA RD. UNIT 2-3	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SOPHIE DE LA RONCIERE	1705 DONNA RD. UNIT 2-3	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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.

*Francis Paul B.*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee