## L24000394998

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## **COVER LETTER**

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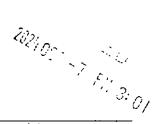
TO:

Registration Section Division of Corporations

ALFARO	TILE & MARBLE		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NELSON, JOSE ALFARO		
		Name of Person	
	ALFARO TILE & MARB	LE	
		Firm Company	<del></del>
	3060 44TH TERRACE SV	V	
		Address	
	NAPLES , FL 34116		
		City/State and Zip Code	
	NELSONJOSE111974@G		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
NELSON JOSE ALFAR	20	239 465-1266	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 9 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of 7	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ALFARO TILE & MARBLE 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 $\frac{09}{2}$	/10/2024	and assigned
Florida document number 1.24000394998			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	lesignation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	<del></del>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		· · · ·	······································
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a	address on our i	records, <u>enter the nam</u>	e of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
		Florida	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in	fmy duties, and Lam f Chapter 605, F.S. Or,	amiliar with and if this document is

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>	Address	Type of Action
MGR	MARTHA DE LA CRUZ GARCIA	3060 44TH TER SW	<b>=</b> Add
		NAPLES : Ft. 34116	□Remove
			□Change
			□Add
			□Remove
		-	□Change
		<del></del>	□Add
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<b>Sective date, if other than the</b> in effective date is listed, the date must <b>te:</b> If the date inserted in this blocument's effective date on the De	ock does not meet the appl	licable statutory filing re	(optional) than 90 days after filing.) Purs equirements, this date will	suant to 605,0207 not be listed as
ecord specifies a delayed effective is filed.	edate, but not an effective	etime, at 12:01 a.m. on t	he earlier of: (b) The 90t	h day after the
ted SEPTEMBER 26	2024	·		
/	Ve/sor Jose Signature of a member or au	A/FU.O.		

Filing Fee: \$25.00