

P16000059376

Florida Department of State
Division of Corporations
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ROVELIN TILE AND MARBLE INC.**

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D CUSHING

Articles of Amendment
to
Articles of Incorporation
of

ROVELIN TILE AND MARBLE INC

(Name of Corporation as currently filed with the Florida Dept. of Stat.)

P16000059376

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1161 N W 56TH ST

MIAMI FLORIDA 33127

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1161 N W 56TH ST

MIAMI FLORIDA 33127

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: 1161 N W 56TH ST MIAMI, Florida 33127
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Maria F. Zorrilla C.

Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

 Remove V Mike Jones

 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	VP	MARIA A ZORRILLA	1161 N W 56TH ST
<u> </u> Add			MIAMI FL 33127
<u>X</u> Remove			
2) <u> </u> Change	S	MARIA A ZORRILLA	1161 N W 56TH ST
<u>X</u> Add			MIAMI FL 33127
<u> </u> Remove			
3) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible][illegible]

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The date of each amendment(s) adoption: NOVEMBER 21, 2019, if other than the date this document was signed.

Effective date if applicable: NOVEMBER 21, 2019
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 11/21/2019

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MATELUS SAMSON

(Typed or printed name of person signing)


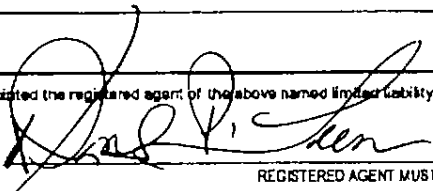
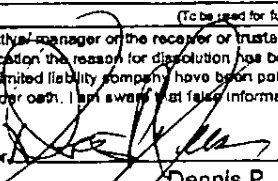
PRESIDENT

(Title of person signing)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		10/17/19--01012--022 **516.25	
DOCUMENT # L000010925 1. Limited Liability Company's Name Armadillo, LLC					
2. Principal Office Address - No P.O. Box # 1233 Saxon Boulevard		3. Mailing Office Address 3201 Pleasant Run		CR2E041 (1/14)	
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc. Suite C		4. State/Country of Formation FL	
City & State Orange City, FL		City & State Springfield, IL		5. Date Organized or Qualified To Do Business in Florida 09/12/2000	
Zip 32763	Country United States	Zip 62711	Country United States	6. FEI Number 59-3670283	Applied For Not Applicable
8. Name and Address of Current Registered Agent Name Dennis P. Johnson Street Address (P.O. Box Number is Not Acceptable) Suite 1233 Saxon Boulevard Apt. #, Etc. City Orange City				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
State FL				Zip Code 32763	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 10/14/2019 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles Member	Name of Authorized Representative/Manager Dennis P. Johnson	Street Address of Each Authorized Representative/Manager 1233 Saxon Boulevard	City / State / Zip Orange City, FL 32763	17-19 dec NOV 27 2019	
11. E-mail Address: jburris@pfanow.com (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S. Signature of authorized representative/member  Date 10/14/2019 Daytime Phone # 386-801-6882 Typed or printed name of signing authorized representative/member Dennis P. Johnson					