103000004139

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	; #)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hay CERAMIC TILE Co., L., L. C. 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:
LAURENCE J. HANCH Name of Person
H+V CERAMIC TILE CO., L.L.C.
6829th. PLACE
VERO BEACH, FL-32960
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LAURENCE HANCH at 772 633-8649 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H+V/CEDAMIA THE CO.	1 (
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	our records.)
(,,,,,,,,	0. 0
The Articles of Organization for this Limited Liability Company were filed on	\sim , 2003 and assigned
Florida document number L 03000004139	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	
12 11 amounting mane, enter the new mane of the number company neve	•
The new name must be distinguishable and contain the words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	——.
Enter new mailing address, if applicable:	FR S
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	SSS 4
	Ta Brill
B. If amending the registered agent and/or registered office address on o registered agent and/or the new registered office address here:	ur records, enter the name of the ne
Name of New Registered Agent:	•
New Registered Office Address:	
	street address

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

Zip Code

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 Title Name Type of Action ANTHONY DIPARDUO 330 KEEN __ 🗆 Add Remove ☐ Change Add □ Remove Cr □ Change __ ☐ Change D Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

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tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing.	(option	ıal) Bina) Promont t
: If the date inserted in this block does not meet the applicable statutor	ry filing requirements, this (late will not be
ment's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effect e 90th day after the record is filed.	tive time, at 12:01 a.	m, on the e
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Signatury of a member or authorized repres	entative of a member	

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Filing Fee: \$25.00