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## **COVER LETTER**

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 ZE &
VERS BEACH, FL. 32960
Brail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LAURENCE HANCH #1772, 633-8649
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee   ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited	Liability Company as it now appears on our provided Liability Company)	ecords.)
The Articles of Organization for this Limited Liabsellorida document number \(\frac{L}{0300000}\)	ility Company were filed on <u>Jaw</u> , <u>413</u> 9	2003 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
D. If amonding the projectional array and		AUG F L
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the new
Name of New Registered Agent:		ST S
New Registered Office Address:		57 10A
	Enter Florida street	address <sub>,</sub>
·· · · · ·	City	_, Florida Zip Code
	City	ay couc

## 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 = Ma AMBR = Au	nager thorized Member		
Title	Name	Address	Type of Action
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re date, if other than the date of filing:  ctive date is listed, the date must be specific and cannot be prior to date of fil  if the date inserted in this block does not meet the applicable statute  nt's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 60
ecord specifies a delayed effective date, but not an effe e 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earl
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Filing Fee: \$25.00