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T. CLINE

JAN 15 2009

EXAMINER

COVER LETTER

Division of Col			•			
SUBJECT:	ES, KITCHE	US, AND	BATHRO	oms LLC		
	(Name of Lim	nited Liability Company)		·		
	Amendment and fee(s) are subondence concerning this matter	_				
	TILES, KIT	CHEMS, AND	HTA!	rooms		
	12142 St	(Firm/Company) Andrews	PL # 10	ר'(-1 -2	
	MIDMI, FI	(Address) L 33 <i>0</i> 2 <i>5</i>	-		2009 JAN 14 SECRETAR TALLAHASS	AND
		(City/State and Zip Code)		4)	ARY SSI	Elence.
For further information c	oncerning this matter, please c	all:			OF STA	Į 1
_John \	lasela	754	273	4055): 50 TATE ORIF	
(Name o	of Person)	(Area Cod	le & Day time Tels	hone Number)	* b	
Enclosed is a check for th	e following amount:					
\$25.00 Filing Fee	Certificate of Status	□\$5.5.00 Filing Fee & C ertified Copy (additional copy is		t\$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	atus &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER A DRESS:
Registration Sec ion
Division of Corporations
Clifton Building,
2661 Executive Center C cle
Tallahassee, FL 12301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BA7HROOMS LLC KITCHENS, AND TILES, (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 October 23 Florida document number LO 80 000 99 633 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 end with the words "Limited Liability Company," the designation "LEC" 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: (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: New Registered Office Address: (Enter Florida 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 608, 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

Florida

(Zip Code)

MGR = Manager MGRM = Managing Member Type of Action Address Name Title 1029 NW 30 St Assistant JOSE A UMANZOR Add 11ami, FL 312 Remove Add Remove Remove □ Add Remova: **J**Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheet if necessary.) Dated_Jan 08/2009 ember or authorized representative of a mer ser Signature of a n Varela. John Typed or printed name of signee

If smending the Managers or Managing Members on our records, enter the itie. 11: 12, and address of each Manager

or Managing Member being added or removed from our records:

Page 2 of 2

Filing Fee: \$25.00