L18000166134

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	Registration Se Division of Cor			
SUBJEC	CR TILE F	LOORING SERVICES LLC		
SUBJEC	, l :	Name of Lim	ited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		COSINERO SAQUIC, RO	SENDO F	
			Name of Person	
		CR TILE FLOORING SEI	RVICES LLC	
			Firm/Company	
		561 CAROLINA AVE		
			Address	
		FORT MYERS, FL 33905		
		 	City/State and Zip Code	
		Xelaju23931@gmail.com		
For furth	er information c	E-mail address: (oncerning this matter, please o	to be used for future annual report a all:	otification)
JESSIE			239 810-0757	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed	Lis a check for the	he following amount:		
■ \$25.	00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration		Street Address: Registration S	
	Division of C	Corporations	Division of C	orporations
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CR TILE FLOORING SERVICES				
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears I Liability Company)	on our records.)	
The Articles of Organization for this Limited I Florida document number L18000166134		by were filed on $\frac{07/1}{2}$	0/2018	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lia	bility company he	<u>re</u> :	
CR TILE AND CONSTRUCTION SERVICES L	LC			
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the de	signation "LLC" or the abbrev	fiation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	· •	202
(Principal office address MUST BE A STRE	ET ADDRESS)		<u></u>	HAR T
Enter new mailing address, if applicable:		N/A	7.75 7.75 9.00 9.00	6 A
(Mailing address MAY BE A POST OFFICE	E BOX)		17 (7) 17 (7) 17 (7)	D: 12
B. If amending the registered agent and/or agent and/or the new registered office address.	k -	e address on our re	cords, <u>enter the name o</u>	the new register
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Flori	da street address	
	N/A		Florida ^{N/A}	

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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		\ \ \ \ \ \ _
			□Remove
			☐ Change
	N/A		
		-	□Remove
	N/A		□Add
			□Remove
			□Change
	N/A		
			□Change
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ument	s effective date or	n the Department	of St	ate's	record	s.	-					
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