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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : TRIAD PROFESSIONAL SERVICES  
Account Number : I20160000008  
Phone : (850)777-2091  
Fax Number : (770)220-1943

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

*\* Resubmitting  
originally sent  
on 1/31/19.  
can you please  
give the  
the 1/31/19  
date?*

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
TILE REDI, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$105.00

FEB 04 2019

A. LUNT

2019 FEB -1 PM 3:57

HP LaserJet 200 colorMEP M276nw

## Fax Confirmation

Jan-31-2019 16:27

Job	Date	Time	Type	Identification	Duration	Pages	Result
5759	1/31/2019	16:26:11	Send	185061/5363	0:49	3	OK

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES  
Account Number : 178160000000  
Phone : (850) 777-1001  
Fax Number : (770) 226-1943

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Email Address:

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
THE REDL LTD.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$105.00

**SECOND AMENDMENT TO**  
**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF TILE REDI, LTD.**

FILED  
19 JAN 31 AM 9:55  
TALLAHASSEE, FLORIDA

WHEREAS, as of February 23, 1998, TILE REDI, LTD. ("the Partnership") filed its Certificate of Limited Partnership with the Secretary of State ("the Original Certificate"); and

WHEREAS, as of May 8, 1998, the Partnership filed an amendment to the Original Certificate (as amended, the "Certificate"); and

WHEREAS, the Partnership wishes to further amend the Certificate as set forth herein;

Accordingly, pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act ("FRULP"), the undersigned Partnership, pursuant to a resolution duly adopted by the general partner of the Partnership, hereby amends the Certificate, as follows:

1. The name of the partnership is TILE REDI, LTD.
2. The address of the record keeping office of the Partnership required by the FRULP to be maintained in this State is as follows:

Tile Redi, Ltd.  
4450 NW 126<sup>th</sup> Avenue  
Suite 101  
Coral Springs, Florida 33065

3. The name and address of the agent for service of process is as follows:

Tile Redi, Inc. c/o Joseph R. Cook, CEO  
4450 NW 126<sup>th</sup> Avenue  
Suite 101  
Coral Springs, Florida 33065

4. The name and business address of each general partner is as follows:

Tile Redi, Inc.  
4450 NW 126<sup>th</sup> Avenue  
Suite 101  
Coral Springs, Florida 33065

5. The mailing address for the Limited Partnership is:

4450 NW 126<sup>th</sup> Avenue  
Suite 101  
Coral Springs, Florida 33065

6. The latest date upon which the Limited Partnership is to dissolve is January 1, 2050.

IN WITNESS WHEREOF, the parties have set their hand and seal as of this 31st day of January, 2019.

GENERAL PARTNER:

TILE REDI, INC.

By: *Joseph R. Cook*  
Joseph R. Cook, President

STATE OF FLORIDA )  
 ) ss.  
COUNTY OF DADE )

The foregoing instrument was acknowledged before me this 31st day of January, 2019 by Joseph R. Cook, President of Tile Redi, Inc., who produced \_\_\_\_\_ as identification or who is personally known to me and who did take an oath, on behalf of the corporation.



\_\_\_\_\_  
NOTARY PUBLIC

Printed Name:

My commission expires:

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