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S. HAWKES

AUG 12 2010

EXAMINER

COVER LETTER

TO:	O: Registration Section Division of Corporations						
·	ect.	NiloTiles LL	<i>_C.</i>				
SUBJ	ECT:	Name of Limi	ted Liability Company				
The en	The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please	return all correspo	ondence concerning this matter	to the following:				
		Kq.	Hy Coray Name of Person				
			loTiles LLC Firm/Company				
		9843 D 1	Bora Gardens Pl	Kwy Grele North			
			Raton, FL 334 City/State and Zip Code				
		Milotiles E-mail address: (1	to be used for future annual report notificat	cion)			
For fur	ther information of	concerning this matter, please c	all:				
· · · · · · · · · · · · · · · · · · ·	Katt y Name o	Garay of Person	at (<u>561) 9292</u> Area Code & Daytime T	8 0 5 elephone Number			
Enclos	ed is a check for t	he following amount:					
I S25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAIL	INC ADDDESS.	STDEFT/COUDIED	A A A A A A A A A A A A A A A A A A A			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nilo Tiles L	LC.	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appear lited Liability Company)	s on our records.
(Name of the Limited Liability Come (A Florida Limited Liability Come) The Articles of Organization for this Limited Liability Come Florida document number	npany were filed on <u>0</u> &	1/10/2004 and assigned
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited	l liability company her	<u>e</u> :
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	<u>gent:</u>	
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and accept the obligations of my position as registered agen	complete performance	of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action Title Name Address MGR ☐ Add Remove Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a metaber or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00