## L04000058614

| (R                      | equestor's Name)   |             |
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| PICK-UP                 | WAIT               | MAIL        |
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| (D                      | ocument Number)    |             |
|                         |                    |             |
| Certified Copies        | Certificates       | s of Status |
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| Special Instructions to | Filing Officer:    |             |
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## TRANSMITTAL LETTER

| TO: Registration Division of | Section<br>Corporations                       |  |  |                   |
|------------------------------|---|--|--|-------------------|
| SUBJECT: NO EX               | CUSE TILE REPAIR LLC                          |  |  |                   |
|                              | (Name of L                                    | imited Liability Company)  |  |                   |
| The enclosed Article         | s of Amendment and fee(s) are so              | ibmitted for filing.   |  |                   |
| Please return all corre      | espondence concerning this matte              | er to the following:   |  |                   |
|                              | ERIC R. LINARES                               |  |  |                   |
|                              | (   | Name of Person)  |  |                   |
| N                            | D EXCUSE TILE REPAIR LLC                      |  |  |                   |
|                              | ;   | (Firm/Company)   |  |                   |
| 6018 V                       | V FERN ST                                     |  |  |                   |
|                              |   | (Address)  |  |                   |
|                              | TAMPA, FL 33634                               |  | =  | 05 1              |
| -                            | (City   | /State and Zip Code)   |  |                   |
| For further information      | on concerning this matter, please             | call:  | 1 = =  | OSMER IT PH 1: 15 |
| ERIC LINA                    |   | at ( 813 ) 267-721 (Area Code & Daytime                              | 1 = ===================================  |                   |
| •                            | (Name of Person)                              | (Area Code & Daytime   | Telephone Number)  | <u>u</u>          |
| Enclosed is a check for t    | he following amount:                          |  |  |                   |
| □ \$25,00 Filing Fee         | \$30.00 Filing Fee &<br>Certificate of Status | Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclo | sed)              |
|                              |   |  |  |                   |

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NO EXCUSE TILE REPAIR LLC

| ~~              | (Present Name) (A Florida Limited Liability Company)   |                         |                            |
|-----------------|--|-------------------------|----------------------------|
| FIRST:          | The Articles of Organization were filed on 08-09-04 and assigned document number L04000058614 and assigned |                         |                            |
| SECOND:         | The following amendment(s) to the Articles of Organization was/were adopted liability company:             | by the                  | limited                    |
| ARTICLE II:     |  |                         |                            |
| THE MAILING ADI | DRESS OF THE LIMITED LIABILITY CO. IS: 6018 W. FERN ST TAMPA, FL 33634                                     |                         |                            |
|                 |  |                         |                            |
| Dated MAR       | Signature of a member or authorized representative of a member  ERIC LINARES                               | TAT LIVE STATE OF CORDA | FILED<br>05162 17 FN 1: 15 |
|                 | Typed or printed name of signee  |                         |                            |

Filing Fee: \$25.00