4050000064636

(Reque	estor's Name)		
(Addre	ss)		
(Addre	ss)		
(City/S	(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL.	
(Busin	ess Entity Nam	e)	
(Dосиг	ment Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
~			
	FEB 1 3 2016	,	
	A. LUNT	,	

Office Use Only



100256434941

02/10/14--01016--001 **25.00

COVER LETTER

Division of Corporations		
SUBJECT: TOM TILE LLC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Oleg Tuzhansky Name of Person		
TOM TILE LLC Firm/Company		
4341 Misty Ln Address	2014	
Lynn Haven FL 32444 City/State and Zip Code tuzhik@live.com	FEB 10 PAHASS	
tuzhika live.com	EE.FE	M
E-mail address: (to be used for future annual report notification)	3 38 STATE LORID	
For further information concerning this matter, please call:	₽	
Name of Person at (850) 890 - 1188 Area Code Daytime Telephone Number		
Name of Person Area Code Daytime Telephone Number	,	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	te of Status &	

MAILING ADDRESS:

Registration Section

TO:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOM TILE L				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on or Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability C		9/2005 and assigned		
Florida document number <u>L 0500006463</u>	<u>6</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ited liability company here:			
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)	*		
Enter new mailing address, if applicable:		SS -		
(Mailing address MAY BE A POST OFFICE BOX)		mě , m		
		FLC Silver		
		20 C		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	4			
	Enter Florida street address			
		, Florida		
	City	Zip Code		

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager | AMBR = Authorized Member

	510 Paddock ClubCr.		W89W
Ба Кетоус	Janama Ch Beach FL		
PP∀ 🗖		Jaroslav Vdbvichento	WYTW
	-		
E L	77 40008 4 7 60000 TOMES		
U PPV	か 上		
эмошэ	08.04 04.00 0.00 0.00 0.00 0.00 0.00 0.0		
PP V 🗀 -			
_П Кеточе			
PP ∀ □¯			
_ Веточе			
-			
Add Svorns F			

Page 2 of 3

D.	Famending any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)
	ffective date, if other than the date of filing:	
	Pated February 5 ⁺⁴ , 2014	
	Signature of a member or authorized representative of a member Tozhauski N Timed or distolar serve of signal	-
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00