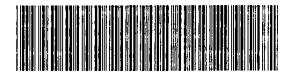
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(Address)					
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(City/State/Zip/Phone #)					
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SEUNLASSEE FLORIDA

B. BOSTICK
MAY - 9 2011
EXAMINER

## **COVER LETTER**

Division of Corp	porations		
SUBJECT:	Vista Tile	s & Stones LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Lu	uis Pardo De Figueroa	
		Name of Person	
	Vis	sta Tiles & Stones LLC	
		Firm/Company	
	295	9 North Powerline Road	
		Address	PS Z
	D - 11-11	Basah Flavida 00000	
Pompano Beach Florida 33069  City/State and Zip Code			
For further information co	oncerning this matter, please c	all:	ORIDA ORIDA
Luis Par	rdo De Figueroa	at ( 754 )2	34-1333
Name of		Area Code & Daytime T	
Enclosed is a check for the	e following amount:		
\$25.00 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)

MAILING ADDRESS:

TO:

**Registration Section** 

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

V ( Name of the Limite	STA TILES & STONES LLC	on our records.)	
( <u>rame or the billion</u>	d Liability Company as it now appears A Florida Limited Liability Company)		
e Articles of Organization for this Limited	Liability Company were filed on	02/16/2007	and assigned
orida document numberL070000	18058		
is amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of the limited liability company here:		
e new name must be distinguishable and end v L.C."	vith the words "Limited Liability Company	," the designation "L	LC" or the abbrevi
ter new principal offices address, if appl	icable:		
incipal office address MUST BE A STRE	ET ADDRESS)	-	
		Ä	<u> </u>
		<u> </u>	A TE
ter new mailing address, if applicable:		35 63 63	married and the second and the secon
(Mailing address MAY BE A POST OFFICE BOX)			
		-17	(C)
		ORID	2 2
If amending the registered agent and		r records, enter	he name of the
istered agent and/or the new registered	office address here:		
Name of New Registered Agent:	Luis Pardo De Figueroa		
Name of New Registered Agent.	Luis Paido De Figueioa		
New Registered Office Address:	2959 North Powerline Road	m : 1	
	Enter	r Florida street addi	ress
	Pompano Beach	, Florida	33069
	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, 608, 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

Page 1 of 2

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

Title	Name	Address	Type of Action
<u>MGRM</u>	Guido J Tresierra	6006 NW 78 Terrace Tamarac, FL 33321	Add Remove
MGRM	Luis Pardo De Figueroa	8887 Cobblestone Point Circle Boynton Beach, FL 33472	✓ Add ☐ Remove
			Add Remove
			Add Remove
		AS	Add Remove 
		CRE 18	Add L DRemove
D. If amendia	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessory)	7:2
			<del>-</del> 
			_ _
Dated	24-29-2011,  Signature of a member of	authorized representative of a member	
	Guido Tresio		

Page 2 of 2

Filing Fee: \$25.00