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EXAMINER

COVER LETTER

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: DAMIAN A. Fiedra Name of Person TD file & Harble LLQ Firm/Company LOB 23 Kresson Oaks Cir Address Lakeland, PL, 338/0 City/State and Zip Code Damyzoe & Msn. Quon. Email address: (to be used for future annual report notification) For further information concerning this matter, please call: Damian fiedra Name of Person Area Code & Daytime Telephone Number	Division of Corporations	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DAMIAN A. Reda Name of Person TD tile & Habble LLQ Firm/Company LOB 23 Krenson Oaks Cir Address Log Damyzoe O Msn. Com. Email address: (to be used for future annual report notification) For further information concerning this matter, please call: Damian Gedra Name of Person at (263) 248 -1725 Area Code & Dayrime Telephone Number Enclosed is a check for the following amount: MS25.00 Filing Fee S30.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Copy (additional copy is enclosed)	SUBJECT: TD Tile & Harble, LLC	
Please return all correspondence concerning this matter to the following: DAMIAN A. Fieda Name of Person TD tile & Harble LLQ Finn/Company (QB 23 Kresson Oaks Cir Address Jakeland, PL 338/0 City/State and Zip Code Damyzoe & MSN. Com. Efmail address: (to be used for future annual report notification) For further information concerning this matter, please call: Damian fieda Name of Person at (Bl3) 248 -175 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: S255.00 Filling Fee Certificate of Status & Certified Copy (additional copy is enclosed)	Name of Limited Liability Company	
Please return all correspondence concerning this matter to the following: DAMIAN A. Fieda Name of Person TD tile & Harble LLQ Finn/Company (0823 Kresson Oaks Cir Address Jakeland, PL 338/0 City/State and Zip Code Damyzoe & MSN. Com. Efmail address: (to be used for future annual report notification) For further information concerning this matter, please call: Damian fieda Name of Person at (863) 248 -1725 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: [S25.00 Filling Fee		
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For further information concerning this matter, please call: Darrian Feda	Damyzoe @ MSn. Com.	ALLEY TO
Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\infty\$\begin{array}{c} \lambda \text{4.83} \\ \text{248} - \text{1.75} \\ \text{Area Code & Daytime Telephone Number} \end{array} Enclosed is a check for the following amount: \$\infty\$\begin{array}{c} \lambda \text{30.00 Filing Fee} \\ \text{Certified Copy} \\ \text{Certificate of Status & Certified Copy} \\ \text{(additional copy is enclosed)} \end{array} \$\infty\$\text{\$\text{60.00 Filing Fee}, \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{array}	For further information concerning this matter, please call:	
Enclosed is a check for the following amount: \$\sum{\$25.00 \text{ Filing Fee}} \text{\$\sum{\$55.00 \text{ Filing Fee}}} \text{\$\sum{\$60.00 \text{ Filing Fee}}} \text{\$\sum{\$certificate of Status}} \text{\$\sum{\$certified Copy} & Certificate of Status & Certified Copy} \text{\$\sum{\$certified Copy} & Certifie		
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy}	Name of Person Area Code & Daytime Telephone Number	
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	Enclosed is a check for the following amount:	
	Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy	

MAILING ADDRESS:

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**

TD tile & Harb	'k. UC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	were filed on 8/1/07 and assigned
Florida document number <u>LO7000079050</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The Blue Zone of Flore. The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	6823 Krenson Caks Cir
(Principal office address MUST BE A STREET ADDRESS)	Jakeland, Fl., 338/0
Enter new mailing address, if applicable:	6823 Krensen Caks Cirm
(Mailing address MAY BE A POST OFFICE BOX)	Lakeland, Fl, 338/10 =
B. If amending the registered agent and/or registered off	ice address on our records, enter the name of the new
registered agent and/or the new registered office address here	
Name of New Registered Agent:	4
New Registered Office Address:	Face Florida and Alama
	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 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

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

<u> Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
 			Add
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D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	1 06
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Dated Avg	ust 25 / 2	109 .	
		er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00