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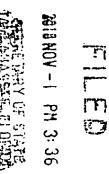
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## **COVER LETTER**

TC	C.	on Section Corporations		
		FOM TILE & FLOORING, LLC		
Su	BJECT:	Name of Limited	Liability Company	
Th	e enclosed Article	es of Amendment and fee(s) are submit	ted for filing.	
Ple	ease return all corr	respondence concerning this matter to t	he following:	
		RENEE CRAWFORD		
		RUTH ATTAWAY CPA	Name of Person	
		16216 NW ASHLEY SHIVE	Firm/Company ER ROAD	
		ALTHA, FL 32421	Address	
		ruthattawaycpa@fairpoint.net		
		E-mail address: (to b	e used for future annual report noti	fication)
Fo	r further informat	ion concerning this matter, please call:		
R	ence Crawford		850 674-2995 at () Daytim	
	No	ime of Person	Area Code Daytim	e Telephone Number
En	closed is a check	for the following amount:		
	\$25.00 Filing Fo	ee □ \$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:

Registration Section Division of Corporations P.O. Box 6327 Talfahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 DocuSign Envelope ID: CBF67785-20A0-400B-B0C0-8AD1E410649E ARTICLES OF AMENDMENT

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUSTOM TILE & FLOORING, LLC	
( <u>Name of the Limited Liabili</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
WIKLE CUSTOM SERVICES, LLC	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	ORESS)
	<u> </u>
Enter new mailing address, if applicable:	NO N
(Mailing address MAY BE A POST OFFICE BOX)	20 ± 1
	FOR THE
	Est w
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, enterithe name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida strect 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

DocuSign Envelope ID: CBF67785-20A0-400B-B0C0-8AD1E410649E in amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional)	forsuant to 605 (I
Note: If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.	requirements, this date wi	Il not be listed
document s'effective date on the Department of State 8 fectords.		
ne record specifies a delayed effective date, but not an effective tim	ne, at 12:01 a.m. or	the earlier
The 90th day after the record is filed.		
OCTOBER 18 2018		
Juch Will  Signature of a member or authorized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00