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C. LEWIS

AUG 2 1 2009

EXAMINER

COVER LETTER Registration Section TO: **Division of Corporations** MOR E TILE LLC SUBJECT: 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: MIGUEL CORTIJO Name of Person Firm/Company 4119 TEE ROAD Address SARASOTA, FLORIDA 34235 City/State and Zip Code MCORTIJO@COMCAST.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MIGUEL CORTIJO 400-7110 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:

\$55.00 Filing Fee &

(additional copy is enclosed)

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MAILING ADDRESS:

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▼ \$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

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(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 AUG 20 PM 1: 31

(Name of the Limite	MOR-E-TILE LLC ed Liability Company as it now appear. A Florida Limited Liability Company)	SECRETARY OF STATE s on our records[ALLAHASSEE, FLORIDA		
The Articles of Organization for this Limited I Florida document number L0800010	Liability Company were filed on			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability company here	:		
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation		
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE				
•				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent and registered agent and/or the new registered of		ur records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	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 MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGR_	ANTONIO CARABALLO	3720 14TH ST W APT 33 BRADENTON, FLORIDA 34205	Add Remove
MGR_	LUIS TORRES	5931 1ST ST E BRADENTON, FLORIDA 34203	✓ Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if nece	ssary.)
_			
	AUGUST 17 2	2009	
Dated	\overline{a}	er of authorized representative of a member	FILE 20 AUG 20 SECRETARY ASSE
	Туре	LUIS LUNA d or printed name of signee Page 2 of 2	FFS P
	1	Filing Fee: \$25.00	: 31 FATE ORIDA