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SECRETARY OF STATE
AND AHASSEE, FLORIDA

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EXAMINER

COVER LETTER

Registration Section
Division of Corporations

SUBJECT:	Angel T	ile & Carpet, LLC	
30bjec 1		mited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are	submitted for filing.	
Please return all c	orrespondence concerning this mat	ter to the following:	
		Angel L Rodriguez	
		Name of Person	
		Angel Tile & Carpet, LLC	cyplane in the state of
	Firm/Company		
		6135 Belkton Ave	
		Address	
		Spring Hill, FL 34608	2010 MAR 25 SECRETAR' TALL AHASS
		City/State and Zip Code	AR HA
	F-mail address	saryliz@atitaxes.com s: (to be used for future annual report notifica	tion\ m
D C 4 ' C		-1	
ror turther inform	nation concerning this matter, pleas	e can:	OF STATE FLORIDA 99-9522
	Angel L Rodriguez	at (_813)2	99-9522 Din 5
	Name of Person	Area Code & Daytime	Celephone Number
Enclosed is a chec	ck for the following amount:		
₹ \$25.00 Filing	Fee \$\bigsquare \frac{\pi}{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		STREET/COURIE Registration Section Division of Corporat	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cent	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Angel Til	le & Carpet, LLC		
. (<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appear mited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on	03/01/2010	and assigned
Florida document number L10000023309			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	ed liability company her	<u>e</u> :	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			2 <u>8</u>
(Principal office address MUST BE A STREET ADDRE	ESS)		
			<u>, </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			ORDA ORDA
			the name of the name
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		our records, <u>enter i</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	r	A. Flanklands de	· · · · · · · · · · · · · · · · · · ·
•	En	ter Florida street ada	ress
	City	, Florida	Zip Code
	4 ,		

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Angel L Rodriguez	6135 Belkton Ave Spring Hill, FL 34608	Add Remove
MGR_	Angel L Figueroa	6135 Belkton Ave Spring Hill, FL 34608	Add Remove
			Add Remove
			Add Remove
		ALLA MASSE	20 Hademove 1 L SEGRETARY
D. If a many	ding any other information and	er change(s) here: (Attach additional sheets, if necessary.	S dd C
D. II amend	ning any other information, ente	er change(s) nere: (Allach dadillohal sheels, ij hecessary.,	,
_			
Dated	March 15	2010 .	
	Signature of a	member or authorized representative of a member	
		Angel L Rodriguez	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00