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2018 JAN 14 PH 2: 41 SECRETARY OF STATE

UAN 1 5 2013 D. BRUCE

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: Luis	Colon Tile :	Installation LLC ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	Luis G.	Colony Munales Name of Person		
	<u>Luis</u> Col	ON Tile INStallati	on Lle	
	12518 Loo	Kout Mounthin C	<del></del>	
	Jacksoni	City/State and Zip Code		
,	E-mail address: (to	v 428 Q Yahoo . Com be used for future annual report notification	on)	
For further information co	oncerning this matter, please ca	all:	200	20
Luis G. Name of	Colon Monnies Person	at (904) 716 - 757 Area Code & Daytime Tel	$\Sigma_{\Sigma_{2}}$	JAN I
Enclosed is a check for th	e following amount:		SEEFU	<b>3 11</b>
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of State Certified Copy (additional copy is	

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

Luis Colon	Tile	Installad	tion LLC		
(Name of the Limited Liabili (A Florida	ty Company as a Limited Liabili	it now appears on ty Company)	our records.	<del></del>	
The Articles of Organization for this Limited Liability Florida document number <u>L 11000106302</u>		filed on	umry 9, 201	3 and assigne	xd
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability	company here:			
Luis Colon T	ile Ive	stallation	LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited L	iability Company," t	he designation "Ll	.C" or the abbre	eviation
Enter new principal offices address, if applicable:	-t-return				
(Principal office address MUST BE A STREET ADD	DRESS)	12518 Lug	Kout Mou	MTAIN C	<u>rt</u>
	<del></del>	Jackson	ille Flori	dad 32	2225
Enter new mailing address, if applicable:				,	
(Mailing address MAY BE A POST OFFICE BOX)		12518 LO. JACKSONU	okout u	LOUNITAIN	, ct
	<del></del>	JACKSONU	ille Flor	ida 32	225
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	dress here:			SECO	
Name of New Registered Agent:	Luis	Colon Mo Loo Kout	nales	- XX	2
New Registered Office Address:	12518	Loo Kout	MOUNTAIN	OF.	- 
		kinton ki	invida etropt addr.	000 "	× ,
	JACKSON	wille	, Florida	32225	<u>.                                    </u>
	CII	y		гір цоае	<b>-</b>

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

<u>Title</u>	Name	Address	Type of Action
MGR	Colon, WANDA I.	12518 Lookout Mounts	Ain NAdd
		Of JACKSONVIlle Fl. 32	225 Remove
MG.RM	Coloni Monales, Luis	12518 Lookout Wount + C4 Jacksonville Fl. 32:	Aral Add
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			Remove
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			Remove
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). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	·
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Luis Colon Wonstes
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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