(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Ĉiŧ	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	(24th)
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COVER LETTER

TO:	Registration Sec Division of Corp		<u>, , , , , , , , , , , , , , , , , , , </u>	
SUBJ	ест: <u>5</u>	YM Tike Name of Lim	AND Stone ited Liability Company	1/_
The e	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		MAR	K Monkey Name of Person	
		5+M	TIL AND C	Stone 1/c
			Staw Form	Rd
		•	BREEZE F City/State and Zip Code Company Com to be used for future annual report	2 32.563 notification)
For fu	rther information ec	oncerning this matter, please ca		
	MARK Mo. Name of	b/ey Person		313 - 4743 ytime Telephone Number
Enclos	sed is a check for the	e following amount:		
_	25.00 Filing Fee	☐ \$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 Tallahassee, FI. 32314

STREET/COURIER ADDRESS:

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

* Fle 200 *

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 & M Tile AND Stone

(Name of the Lithitea Liability Company (A Florida Limited Lia	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on Sept 22, 20 // and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	<u> </u>
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	P COSCI
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 147/ Gulf	H. Mobley Stanford Rd Enter Florida street address Breeze, Florida 32523 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office ac	rformance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person	being adde
or removed from our records:	

MGR = Manager
- AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			
			□ Remove
			Change
			☐ Remove
			Change
			
			Remove
			☐ Change
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(If an effective Note: If the	tte, if other than the date of filing:	
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear day after the record is filed.	lier (
Dated	9-20- 2019	
	Signaluse of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00