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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<u>∍</u> #)
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COVER LETTER

	Registration Sec Division of Cory			
cub ic co		E TILE INSTALLATIONS, I	LLC	
SUBJEC	··	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	um all correspor	ndence concerning this matter	to the following:	
		NICHOLAS ANNENOS .		
		· · · · ·	Name of Person	
		OCEANSIDE TILE INST.	ALLATIONS LLC	
			Firm/Company	
		2691 SABLE SPRINGS C	TRCLE # 103	
			Address	
		CLEARWATER, FLORIE	DA 33761	
			City/State and Zip Code	
		SNORTON6@TAMPABA		
		E-mail address: (to be used for future annual report notif	fication)
For furthe	r information co	oncerning this matter, please co	all:	
NICHOL	as annenos		727 483 8441 at ()	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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, 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

OCEANSIDE TILE INSTALLATIONS LLC	_	
(<u>Name of the Limited Liability</u> (A Florida L	y Company as it now appears on our records.) Limited Liability Company))
The Articles of Organization for this Limited Liability Con Florida document number L11000112752	ompany were filed on 09/08/2011 and and	assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limite	ted liability company here:	
The new name must be distinguishable and contain the words "Limite	ited Liability Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	7.5	<u> </u>
(Principal office address MUST BE A STREET ADDRE	(ESS)	3 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEE, FLORI	NO PH P
(intuiting dauress into De A 1 OST OF TICE BON)		00
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ne of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street uddress	
	, Florida	
	City Zip Co	ode [
New Registered Agent's Signature, if changing Registered	1 Agent:	Ī

If Changing Registered Agent, Signature of New 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.

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	Name		Address		Type of Action
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f an eff	ve date, if other than the date of filing:(optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
2000111	The content of the co
ne rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
	OCT 19/2017 2017
Dateu	

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Filing Fee: \$25.00

Typed or printed name of signee