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T. HAMPTON

COVER LETTER

TO:	Registration Sec Division of Corp	ction " porations	
SUBJI	ECT:	J TILE	& DECOR LLC
0000			ited Liability Company
		Amendment and fee(s) are sulndence concerning this matter	·
ricasc	return an correspon	dence concerning this matter	to the following.
			DAIRIS ESTRADA
			Name of Person
		VA	ARGAS, PIEDRA & CO Firm/Company
		0100 8	DADELAND BLVD STE 912
		91003	Address
		M	IIAMI, FLORIDA 33156
			City/State and Zip Code
		E-mail address: (S@VARGASPIEDRA.COM (to be used for future annual report notification)
For fu	ther information co	ncerning this matter, please of	call:
	DAIR	IS ESTRADA	at (305) 671-0003
· · · ·	Name of	Person	Area Code & Daytime Telephone Number
Enclos	ed is a check for the	e following amount:	
		\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
(Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 (see, 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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	J TILE & DE		
(Name of the Limited	l <mark>Liability Compa</mark> A Florida Limited I	ny as it now appears on ou Liability Company)	r record <u>s.</u>)
The Articles of Organization for this Limited L Florida document number		were filed on AUGU	ST 29, 2012 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
	J. TILE & DI	ECO LLC	
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/ registered agent and/or the new registered o			eords, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Flor	rida 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:

À

MGR = Manager

	<u>Name</u>	Address	Type o	f Action
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Filing Fee: \$25.00