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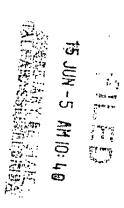
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COVER LETTER

	Registration Se Division of Cor		*	
cub ib c		ORKS OF CENTRAL FLORE	DA LLC	
SUBJEC	JI:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		JOHN TYLER		
			Name of Person	
		GROUT WORKS OF CEN	NTRAL FLORIDA LLC	
			Firm/Company	
		26848 GREEN WILLOW	ROAD	
			Address	,
		WESLEY CHAPEL, FL 3	3544	
			City/State and Zip Code	
		TYLER4725@GMAIL.CO		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please co	all:	
JOHN T	YLER		at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	I is a check for th	ne 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, 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

GROUT WORKS OF CENTRAL FLORIDA LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	_ ·
The Articles of Organization for this Limited Liability Comp		and assigned
Florida document number L13000070981		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
THE TILE & GROUT SPECIALIST LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		······································
(Principal office address MUST BE A STREET ADDRESS	0)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registere	-	
registered agent and/or the new registered office address	<u>nere</u> :	िहें में
Name of Nam Danistana d Amouts		
Name of New Registered Agent:		र्ज के
New Registered Office Address:		Tight The Prince
	Enter Florida street address	5
	, Florid	a Etc.
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Change
			Remove
			□ Change
			🗖 Add
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)		☐ Change
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			☐ Remove
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Filing Fee: \$25.00