## 1130000964111

(Requestor's Name)
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## **COVER LETTER**

SUBJECT: Tropic	c Tile Floorz, I	_LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Michael P. Z	Zierer	
	~	Name of Person	
	Tropic Tile F	Floorz, LLC	
		Firm/Company	
	933 Waialae	e Cir. N.E.	
		Address	
	Palm Bay, F	L 32905	
	<u> </u>	City/State and Zip Code	
	i.zierer@yahoo.co	on to be used for future annual report notifi	ication)
For firther information of	oncerning this matter, please ca	·	
	-		260
Michael P.		<sub>at</sub> (321)216 69	
Name of	t Person	Area Code Daytime	Telephone Number
Enclosed 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

TO:

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 Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tropic Tile Floorz, LLC			
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number 113000096411	y Company were filed on July 5th, 2013	and assigned	
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	imited liability company here:		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			Sign and a second
(Principal office address MUST BE A STREET AD	DRESS)	- 17	स्थानम्बर्धः क
			न <u>जिल्</u> याः सु
Enter new mailing address, if applicable:	ted liability company here:  inted Liability Company," the designation "LLC."  ESS)  ESS)  The substrate of the new ress here:  Enter Florida street address		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	സ ന <u>യ</u> ————————————————————————————————————	_
		the name of the	new
Name of New Registered Agent:			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	Enter Florida 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Name</u>	Address	Type of Action
Iliana Zierer	933 Waialae Cir. N.E. Palm Bay, FL 32905	■ Add
		Remove
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	n, enter change(s) here: (Attach addition		-	
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Effective date, if other than the da The effective date must be specific, cannot be the date this document is filed by the Florid	te of filing: e prior to date of receipt or filed date and cannot be a Department of State)	(optional) more than 90 days after		
Dated	· · · · · · · · · · · · · · · · · · ·			
	nature of a member of authorized representative o	f a member	<u> </u>	
Iliana Zierer	Typed or printed name of signee		MAY 2	CIL:
			22 PM	- 1 ST 12 ST
			_'co — <del>જ</del>	i é

Page 3 of 3

Filing Fee: \$25.00