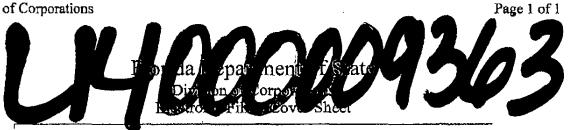
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALPHA BUSINESS CONSULTING,

Account Number : I20080000061 Phone : (407)582-9830

: (407)294-7677 Fax Number

\*\*Enter the email address for this business entity to be used for full to annual report mailings. Enter only one email address please. Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CR TILE SERVICES, LLC

Certificate of Status 0 Certified Copy 01 Page Count Estimated Charge \$25.00

TAUG 0 6 2014

D. BRUCE

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

CR TILE SERVICES,LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA PINHEIRO

Name of Person

ALPHA BUSINESS CONSULTING, LLC

Firm/Company

7022 CARLENE DR

Address

ORLANDO, FL 32835

City/State and Zip Code

pinheiromaria@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA PINHEIRO

.407、582-9830

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Cartified Copy (additional copy is enclosed) Certificate of Status &C.

Certified Copy

(additional copy is entitied)

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

| CR TILE SERVICES, LLC   |  |               |                |  |
|---|--|---------------|----------------|--|
| (Name of the Limited Liability Co<br>(A Florida Limi  | mpany as it now appears on our records.) ited Liability Company) |               | _              |  |
| The Articles of Organization for this Limited Liability Comp<br>Florida document number <u>L14000009363</u> . | any were filed on 01/17/2014                                     | and           | l assigr       | ned  |
| This amendment is submitted to amend the following:   |  |               |                |  |
| A. If smending name, enter the new name of the limited l  | liability company here:  |               |                | (  |
| The new name must be distinguishable and end with the words "Limited  | Liability Company," the designation "LLC" or the                 | abbreviatio   | n "L,L.        | .C."   |
| Enter new principal offices address, if applicable:   |  |               |                |  |
| (Principal office address MUST BE A STREET ADDRESS  | 2  |               |                |  |
|   |  |               |                | <del></del>  |
|   |  |               |                |  |
| Enter new mailing address, if applicable:   |  |               |                |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |               |                | <del></del>  |
|   |  |               |                |  |
| B. If amending the registered agent and/or registered   | Loffice oddross on our records enter                             | dep.          | <u> </u>       | the new  |
| registered agent and/or the new registered office address l   | t office address on our records, <u>enter</u>                    | THE DAIL      | 7>-<br>115-701 | means  |
|   |  |               | <b>3</b>       | ananana.<br>Tarananana   |
| Name of New Registered Agent:   |  | <i>\$</i> ;5; | <u>_</u>       | <b>7</b>   |
| New Registered Office Address:  |  |               | 1>-            | 177  |
| 17011 1/4Emileted Office Addition   | Enter Florida street address                                     | 50            | <u> </u>       | - State of the sta |
|   | . Florida  |               | 0              | William I M.   |
|   | City   | L' Zip Co     | 2              | <del></del>  |

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:

| <u>Title</u> | <u>Name</u>                   | Address              | Type of Action |
|--------------|-------------------------------|----------------------|----------------|
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| D. If amending any other information, enter change(s) here: (Attach additiona NONE   | l sheets, if necessary.)             |
|--|--------------------------------------|
| 770.712  |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
| Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be much date this document is filed by the Florida Department of State) | (optional)<br>ore than 90 days after |
| Dated AUGUST 04 2014   |                                      |
| Signature of a morning of authorized representative of a   | member                               |
| CLEBIO P DOS REIS  |                                      |

Page 3 of 3

Filing Fee: \$25.00

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