L14000112371

| (Requestor's Name) | |
|---|----------------|
| (Address) | 400336446 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| (Business Entity Name) | 11/07/19010180 |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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COVER LETTER

| | Registration Sec Division of Corp | | | |
|----------------|--------------------------------------|--|---|--|
| CUDIEC | Stone Tile C | Group, LLC | | |
| SUBJEC | , l i | Name of Limit | led Liability Company | |
| The encl | osed Anicles of A | Amendment and fee(s) are subm | nitted for filing. | |
| Please re | turn all correspor | ndence concerning this matter t | o the following: | |
| | | Michael A. Paasch | | |
| | | | Name of Person | |
| | | Mateer & Harbert, P.A. | | |
| | | | Firm/Company | |
| | | 225 E. Robinson Street, Su | ite 600 | |
| | | | Address | |
| | | Orlando, FL 32801 | | |
| | | | City/State and Zip Code | |
| | | mpaasch@mateerharbert.co | | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For furth | her information c | oncerning this matter, please ca | all: | |
| Michae | I A. Paasch | | 407 425-9044 at () | |
| | Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclose | d 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

| Stone Tile Group, LLC | | |
|--|--|--|
| (Name of the Limi | ted Liability Company as it now ar (A Florida Limited Liability Compa | nears on our records.) |
| The Articles of Organization for this Limited L | iability Company were filed or | July 16, 2014 and assigned |
| Florida document number L14000112371 | · | |
| This amendment is submitted to amend the following | lowing: | |
| A. If amending name, enter the new name of | of the limited liability compan | y here: |
| Corinth 296, LLC | | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," | the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| Principal office address MUST BE A STREE | ET ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | | <u> </u> |
| B. If amending the registered agent and | | s on our records, enter the name of the |
| egistered agent and/or the new registered of | office address here: | |
| Name of New Registered Agent: | Michael A. Paasch | |
| New Registered Office Address: | 225 E. Robinson Street, Suite | e 600 |
| HOW INEGINIOUS OFFICE (MAILES). | Ente | r Florida street address |
| | Orlando | , Florida 32801 |
| | 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.

T 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 = M AMBR = A | anager uthorized Member | | |
|---------------------|----------------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add |
| | | | □ Remove |
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| | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | ve date, if other than the date of filing: |
| e red The | ford 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. |
| Dated | Kalu Swill i |
| | Signature of a member or authorized representative of a member |
| | Kellsie J. Guadagnoli, President |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00