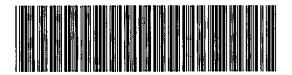
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's Name)
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Certificates of Status
officer:

Office Use Only



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SECRETARY OF STATE

D. DRUCE

COVER LETTER

CUDICCT.	GRANADO	CERAMIC TILES LLC			
SUBJECT:		Name of Limit	ted Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspon	dence concerning this matter t	o the following:		
		Julia Greenberg-Aguilar			
			Name of Person		
		MyUSACorporation.com			
			Firm/Company		
		1 Radisson Plaza, Suite 800)		
			Address		
		New Rochelle, NY 10801		SECR FALLA	
			City/State and Zip Code	HASS.	
	•	E-mail address: (t	o be used for future annual report notif	ication) (71.55	
For further i	nformation co	ncerning this matter, please ca	di:		ŭ C
Julia Greenl	oerg-Aguilar		877 330-2677 at ()	Om P	<u>م</u>
	Name of	Person		Telephone Number	
Enclosed is	a check for the	e following amount:			
□ \$25.00 I	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 Sta Certified Copy (additional copy is e	atus &

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRANADO C	ERAMIC TILES LLC	,
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our rested Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on08/08/2014	and assigned
Florida document numberL14000124671		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
MAX FLOORING CONSTRUCTION LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u></u>	<u> </u>
		2015 ALL
	<u> </u>	
Enter new mailing address, if applicable:		SSS 10
• • •		74 7
(Mailing address MAY BE A POST OFFICE BOX)		
•		comi —
	.) - CC	∑''' _□
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		orus, emer the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	uddress
	Citv	_, Florida
	City	Zip Cime

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	MBR = Authorized Member		□ Remove
			Change
			🗖 Add
			□ Remove
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		TALLAHAS	Change Change Change Change Change Change Change
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Do	be specific and cannot be prior to tock does not meet the applicab	date of filing or more th	(optional) an 90 days after filing.) P uirements, this date wi	ursuant to 605.0.	207 Las
e record specifies a delayed The 90th day after the reco		an effective time	. at 12:01 a.m. or	n the earlier	. o.
October 30	, 2015	_•			
	A N C 1 S C O G F Q V Signature of a member or author	10405 ized representative of a r	nember		
	,				
		Granados name of signee	LANGE OF THE STATE		

Page 3 of 3

Filing Fee: \$25.00