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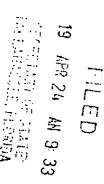
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COVER LETTER

Div	ision of Corpo	rations		
SUBJECT:	JACAVADE	TILE, LLC		
		Name of Limi	ted Liability Company	
The analogad	Articles of Ar	nendment and fee(s) are subr	mitted for filing	
			-	
Please return	all correspond	ence concerning this matter t	to the following:	
		W. Alan Winter, Esquire, Re	egistered Agent	
			Name of Person	
		c/o The Winter Law Firm		
			Firm/Company	
		310 Third Street		
			Address	
		Neptune Beach, Florida, 32	266	
		awinter@winterlawfirm.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifica	tion)
For further in	formation con	cerning this maner, please ca	II:	
W. Alan Wir	nter, Esquire	MAHA	904 242-0222 at ()	
	Name of Po	erson		elephone Number
Enclosed is a	check for the	ollowing amount:		
□ \$25.00 F		■ \$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:

TO:

Registration Section

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

(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our recoid Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Compared Florida document number L14000193670	ny were tiled on December 22,	2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
n/a		.
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same, no change	78 三
Principal office address MUST BE A STREET ADDRESS)		- PA
Enter new mailing address, if applicable:	Same, no change	9. 33
Mailing address MAY BE A POST OFFICE BOX)		
Maning address Mill DEM 1 OF OTTIOE DOM		
3. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent: Same, no cl	ere:	ds, enter the name of the
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address have a see a se	ere: nange	ds, enter the name of the
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address h	ere: nange	
3. If amending the registered agent and/or registered registered agent and/or the new registered office address have a see a s	ere: nange nange Enter Florida street addre	

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

Inmon A. Instrum	
James A. Jackson 14314 Coral Reef Drive South	
AMGR Jacksonville, Florida, 32224	■ Add
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Typed or printed name of signee

Filing Fee: \$25.00