

L14000194655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

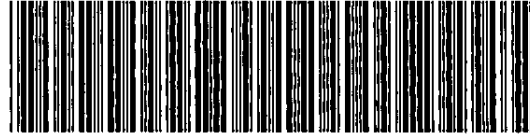
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200270386352

200270386352
03/09/15--01029--006 **25.00

FILED
15 MAR -9 PM 3:25
RECEIVED
MAR 10 2015
FBI - ALBANY

M. MILLIGAN
EXAMINER

MAR 12 2015

3-4-15

~~DESIGNATION OF DIRECTOR OF THE FLORIDA DEPARTMENT OF STATE~~

To whom it may concern,

This is an amendment. my
daytime phone num is 561 625-1889.
return address is

520 E All Oaks dr.
Palm beach gardens fl.
33410

Thank you,
Nicolas Morali

fl dept of state

PO Box 6327 Tallahassee FL 32314

TO
ARTICLES OF ORGANIZATION
OF

Island Custom tile and Marble LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1-15-15 and assigned
Florida document number L14000194.655

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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)

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office 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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	David Burruss	7574 graby dr	<input type="checkbox"/> Add
		Nft Myers fl 33917	<input checked="" type="checkbox"/> Remove
AMBR	John Arthur Garson	8135 Heck dr	<input checked="" type="checkbox"/> Add
		N. ft Myers .fl 33917	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
15 APR - 7
PM 3:25
APR 15 2015
FBI - MIAMI

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3-4-15, _____.

Signature of a member or authorized representative of a member

Nicola Mazzoli

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
15 MAR -9 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA