1150003/452

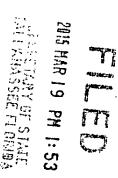
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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03/19/15--01014--007 **25.00



APRILA 2015

COVER LETTER

TO: Registration Se Division of Cor					
	TILE AND MARBLE LLC	,			
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CORY MCGINNIS				
		Name of Person			
		Firm/Company			
	1410 S GLENCOE F	RD			
		Address			
	NEW SMYRNA BEA	ACH, FL 32168			
		City/State and Zip Code		,	
	finetoodles@yahoo.c			205	
	E-mail address: (to be used for future annual report notifi	cation)	MAR 19	أسالس
For further information of	concerning this matter, please ca	all:		20 20 20 20 20 20 20 20 20 20 20 20 20 2	Cambrille
Angela McGinnis		386 689-0540		H4 6	8 8
Name o	of Person		Telephone Number	# 1:53	Parents.
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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 OT ARTICLES OF ORGANIZATION **OF**

ALL IN TILE AND MARBLE LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on Febru	ary 19, 2015 and assigned
Florida document number L15000031652	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
ALL IN TILE & MARBLE LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	200
(Principal office address MUST BE A STREET ADDRESS)	3
	662
	333 9 A
Enter new mailing address, if applicable:	m & m
(Mailing address MAY BE A POST OFFICE BOX)	23
	3-15 G
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	r records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	ireel address
Enter Florida s	
Enter Florida s. City	, Florida Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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
			Add
		-	Remove
			
			Add
			□ Remove
			Add
			□ Remove
			Add
			HASSE Remove
_			53.
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			Add
	•		□ Remove

See affached	L FEIN FOF
	47-3196866
ective date, if other than the date of filing:	(optional)
e date this document is filed by the Florida Department of State	eipt or filed date and cannot be more than 90 days after
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of rece e date this document is filed by the Florida Department of State	eipt or filed date and cannot be more than 90 days after
e date this document is filed by the Florida Department of State	eipt or filed date and cannot be more than 90 days after e)
e date this document is filed by the Florida Department of State	eipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

2015 HAR 19 PH 1: 53

Date of this notice: 02-23-2015

Employer Identification Number:

47-3196866

Form: SS-4

Number of this notice: CP 575 G

ALL INTILE & MARBLE
CORY K MCGINNIS SOLE MBR
1410 S GLENCOE ROAD
NEW SMYRNA BEACH, FL 32168

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-3196866. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is ALLI. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Date of this notice: 02-23-2015

Employer Identification Number:

47-3196866

Form: SS-4

Number of this notice: CP 575 G

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