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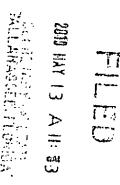
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Certified Copies	_ Certificates	of Status
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COVER LETTER .

TO:	Registration Division of C	n Section Corporations	•	₹
CIID II		IAL MARBLE & TILE LLC		
SUBJI	ECT:	Name of Lin	nited Liability Company	
The en	closed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corre	spondence concerning this matter	r to the following:	
		MARCOS GARCIA-SOLA	R	
		 .	Name of Person	
		2240 BLUE SPRUCE WA	Firm/Company Y APT A	
		TAMPA, FL 33604	Address	
		NICK@NICKVEGANSURA	City/State and Zip Code	W States
		E-mail address:	(to be used for future annual report notif	ication)
For fur	ther informatio	on concerning this matter, please of	call:	
MARC	COS GARCIA	-SOLAR	813 562-4011	
	Nan	ne of Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check fo	or the following amount:		
■ \$2.	5.00 Filing Fee	☐ \$30.00 Fiting 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

IMPERIAL MARBLE & TILE LLC

FILED

(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 02/03/2015 and assigned	
The Articles of Organization for this Limited Liability Company Florida document number L15000033485	MELAHASSEE FLORINA	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2240 BLUE SPRUCE WAY APT A	
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33604	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2240 BLUE SPRUCE WAY APT A	
Graning dadress MAT BE A FOST OF FICE BOA	TAMPA, FL 33604	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> e:	
Name of New Registered Agent:		
New Registered Office Address:	E . Di .)	
	Enter Florida street address	
	, Florida	
	Cny 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ESDRAS GONZALEZ HERNANDEZ	2240 BLUE SPRUCE WAY APT A TAMPA, FL 33604	= Add
			Remove
		 	☐ Change
			Add
		□ Remove	
		 	Change
		☐ Remove	
			Change
			□ Remove
			☐ Change
			
		Remove	
		Change	
		 	Add
			□ Remove
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fective	e date, if other than the date of filing:5/9/19 (optional)
n effec	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cumen	t's effective date on the Department of State's records.
reco 1 The	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the dath of the carlier of the record is filed.
	= lo lossa
ited _	5/9/2019.
	Signature of a member or authorized representative of a member
	MARCOS GARCIA SOLAR Typed or printed name of signee
	IMAGO GIRUA COLIC

Page 3 of 3

Filing Fee: \$25.00