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JAN 12 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Lin	ed Tile installers LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	
Please return all correspondence concerning this matter	to the following:
Ni	ih Marzoli
Zsland	Name of Person He in tallers UC Firm/Company
5261 P	ne island to the
Bokeeli	Gity/State and Zip Code
	(to be used for future annual report notification)
For further information concerning this matter, please c	all:
Nul Huzzell Name of Person	at (Jb) 625 889 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	Island Tile installers (
	Name of Limited Liability Company
The enclosed Articles of Amendment a	nd fee(s) are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
	Nich Marzoli Name of Person
	Sland the installers UC
52	61 Pine island to the
Bo	ceclia fl 339dh City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information concerning this	matter, please call:
Nich Huzz.	at (JOL) 625 1889
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following a	mount:
	Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRE	
Registration Section Division of Corpora	Registration Section ions Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 323	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R	5/410		- ILSB	llers	LLC	
	(Nar	ne of the Limited Li (A F	ability Company orida Limited Liab	as it now appears of ility Company)	n our records.)	
The Articles of Organiza	tion for th	is Limited Liabil	ity Company we	ere filed on	-2-15	and assigned
This amendment is subn	itted to ar	nend the followin	ıg:			
A. If amending name,	enter the	new name of the	limited liabilit	y company here	:	
The new name must be distin	guishable ai	nd contain the words	"Limited Liability	Company," the desi	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal of	fices addr	ess, if applicable	:: _		,	
(Principal office addres	s MUST I	BE A STREET A	DDRESS)			<u> </u>
Enter new mailing add (Mailing address MAY	_	_	<u>. X)</u>			
B. If amending the registered agent and/o				ce address on	our records, <u>ent</u>	er the name of the new
Name of New	Registere	d Agent:				
New Register	d Office	Address: _		E . El .	la street address	
				Enter r torta		
		-		City	, Florida	Zip Code
	١	l				

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

		ng Authorize ed from our r		(s) autnorized to mana	ige, enter the title, name, and address of each	person being adde
	MGR = AMBR =	Manager Authorized	Member			
•	<u>Title</u>	<u>Name</u>			Address	Type of Action
AM	4BA	Ja	mes	Daubernan	7595 Peyraud dr. Nft Myers fl	
					Nft Myers +1	Remove
					33917	Change
						Add
						Remove
						Change
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			1			

Page 2 of 3

D. If am	ending any ot	her inforn	nation, enter change(s) here: (Attach additional sheets, if necessary.)
•			
		<u> </u>	
	 		
	·		
		 	
		ļ <u>.</u>	
E. Effe	ctive date, if of effective date is lis	her than ted, the date	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b
Note	e: If the date ins	erted in thi	s block does not meet the applicable statutory filing requirements, this date will not be listed as the
doci	iment's effective	date on the	Department of State's records.
If the r	ocord coacifi	de a dola	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
			record is filed.
	(
Date	$-\frac{1}{2}$	1.	· · · · · · · · · · · · · · · · · · ·
			Signature of a member or symplerized representative of a member
			Nicolos Mazzo
			Typed or printed name of signee
			Page 3 of 3
			Filing Fee: \$25.00