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Amend

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Thomas J. Florisi Name of Person
Tonis tile + Marsk LLC Firm/Company 5048 GARFIR
Device Frank Frank S3 484 Device Frank Fr
For further information concerning this matter, please call:
Shell-ou-Floring at (561) 445-5371 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tonis he	_ 4_ (4	76 B	le		<u>.℃_</u>			
(Name of the Limited Li (A Flo	<mark>ability Con</mark> orida Limite	npany as ed Liabil	it now aj ity Compa	opears of iny)	81	cords.) 기 	5		
The Articles of Organization for this Limited Liabili				8		100	ar	nd assig	gned
Florida document number Feis w	408	771	2 <i>-</i> 4						
This amendment is submitted to amend the following	g:								
A. If amending name, enter the new name of the	<u>limited li</u>	<u>iability</u>	compar	iy here					
The new name must be distinguishable and contain the words	"Limited Li	iability C	ompany,"	the desig	mation "	'LLC" or t	he abbreviati	on "L.L	C.''
Enter new principal offices address, if applicable	:							<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	<u> </u>						3	
			_		. <u></u>		<u> </u>		۔. مدہ ۔۔۔۔
								1	; (
Enter new mailing address, if applicable:									2
(Mailing address MAY BE A POST OFFICE BOX	o)						 		<u></u>
	-	_						· .	8
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B. If amending the registered agent and/or regist	tered offi	ice addr	ress on o	ur reco	ords, <u>er</u>	iter the	name o <u>f tl</u>	<u>ie new</u>	regis
agent and/or the new registered office address he	ere:								
Name of New Registered Agent:						. <u>-</u>			
New Registered Office Address:	<u> </u>								
			Ente	r Florida	street a	ddress			
_						. Florid		<u> </u>	
			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 wit 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 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 ac or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Thomas J. Florin	3972 Myurica Dr	Mdd ex
	Florin	Derry Buch FL	□Remove
			\ Change
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e record rd is tile		delayed eff	ective date.	but not an	effective tir	ne, at 12:01	a.m. on the	earlier of:	(b) The 90)th day after
Dated _	17	1851	20			_ _ •				
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		<u> </u>	Signat	ure de men	nber or autho	rized represer	ntative of a n	ember	_	

Filing Fee: \$25.00