## L15000 191435

(Re	equestor's Name)	
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT:	<u>EVELANO</u> TIL	FL_L_C	
	Name of Emil	ted mainty conquary	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	· LARRY C	LEVELAND Name of Person	
	CLEVELON	O TILE UC Firm/Company	
		Firm/Company	
	516 51	~ < <t< td=""><td>·</td></t<>	·
		ANE ST. Address	
	<i>•</i> • • •		سے.
	<u>JEBASTIA</u>	FL 3295	<u> </u>
	li-mail address: (1	OLD DL & Smatt.	ication)
For further information c	oncerning this matter, please ca	all:	
			0733
LARRY CLE	VELANO	at (772) 473	- 8/33
Name o	r rerson	Area Code 17ayuna	reteptione (vumber
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee &	☐ \$60.00 Filing Fee. Certificate of Status &
ALRAMOY PAN	Certificate of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	;		
Mailing Addres		Street Address: Registration Sec	vion
Registration S Division of C		Division of Cor	
P.O. Box 632		The Centre of T	,

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLEVELAND TILE LIC			
CLEUFLAND TILE LLC (Name of the Limited Liability Compan (A Florida Limited Li	y <u>as it now appears on our records.</u> ) ability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L15600197435</u> .		2015 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
CLEUELAND. & ASSOCIA ASSO The new name must be distinguishable and contain the words "Limited Liabili	CIATES LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		AY	
÷		SS: -6	
•		A A	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		2	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered	
Name of New Registered Agent:			
•	<del>_</del>		
New Registered Office Address:	Enter Florida street address		
·			
•	, Florid	a Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I rovided for in Chapter 605, F.S.	am familiar with and Or, if this document is	

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>	Name	<u>Address</u>	Type of Action
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			□Remove
			Change
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Article #3	Residential Construction			
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tive date, if	other than the date of filing:		(optional)	
fective date is	listed, the date must be specific and cannot be asserted in this block does not meet the a	prior to date of filing or more	than 90 days after filing.) Purs	
	ve date on the Department of State's rec		equirements, this date with	ior de fiste
rd specifies a iled.	delayed effective date, but not an effect	ive time, at 12:01 a.m. on	the earlier of: (b) The 90t	h day after
		•		
<u>MAY</u>	5th 202	<u>lo</u> .		
	0 50	r authorized representative of		
	235 Clu	elu		

Filing Fee: \$25.00