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TO:

Registration Section

Tallahassee, FL 32314

| Division of Co | rporations | | | | |
|--|--|---|--|------------|----------|
| | TONE TILE LLC | | | | |
| SUBJECT: | Name of Lin | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for tiling. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | JAVIER H PEREZ | | | | |
| | Name of Person | | | | |
| FORTE STONE TILE LLC | | | | | |
| Firm/Company | | | | | |
| | 33 BUNKER VIEW DR SIDE A | | | | |
| | | Address | | ÷ | |
| | PALM COAST, FL 32137 | | | | Ø |
| | | City/State and Zip Code | | , . | h |
| | BARBOSA_ALICE@YAF | | | 4 | - " |
| | E-mail address: (| to be used for future annual report notif | fication) | | • |
| For further information of | concerning this matter, please c | alt: | | :1-3 | 1 |
| ALICE BARBOSA | | 908 794-7012 at () | | A 11:24 | |
| Name o | of Person | | : Telephone Number | | |
| Enclosed is a check for ti | he following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Certificate o Certified Co (additional cop. | f Status & | |
| Mailing Address Registration S Division of C | Section Corporations | Street Address: Registration Sec Division of Corp | porations | | |
| P.O. Box 632 | 27 | The Centre of To | allahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| torte St | one Tile LLC | | |
|--|--|-----------------------|---------------------|
| (<u>Name of the Limited Lia</u> (A Flo | ability Company as it now appears on our records.) orida Limited Liability Company) | | |
| The Articles of Organization for this Limited Liabilit | y Company were filed on <u>01127/2016</u> | and assigned | |
| Florida document number <u>L160000</u> (9023 | | • | |
| This amendment is submitted to amend the following | ;: | | |
| A. If amending name, enter the new name of the l | limited liability company here: | | |
| The new name must be distinguishable and contain the words | Limited Liability Company," the designation "LLC" or the a | lbbreviation "L.L.C." | - |
| Enter new principal offices address, if applicable: | | | _ |
| (Principal office address MUST BE A STREET AD | DRESS) | | _ |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | _ |
| (Mailing address MAY BE A POST OFFICE BOX) | | | _ |
| | | (;) | _ |
| | | | <i>a</i> 1. |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her | ered office address on our records, <u>enter the nan</u> <u>e</u> : | ne of the new registe | <u>ered</u> €∂ ~ |
| | | 65 86 | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | <u> </u> | Ĩ |
| | Enter Florida street address | \(\frac{1}{\sigma}\) | Ž |
| _ | , Florida | | _ |
| | 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 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 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 |
|--------------|-------------------------|------------------------------|----------------|
| MGM | RAMON R FRANCISCHINELLI | 33 BUINKER VIEW DRIVE SIDE A | ≣ Add |
| | · | PALM COAST, FL 32137 | □ Remove |
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| Effective If an effec | e date, if other than the date of filing: (optional) (optional) 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 | - 5.0207 (|
| Note: If | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records. | ed as t |
| documen | a selective date on the Department of State's records. | نار |
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Filing Fee: \$25.00