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2023 OCT -2 #: 11: (

COVER LETTER

TO: Registration So Division of Cor					
	ONE THE LLC				
SUBJECT:	Name of Lin	nited Liability Company		-	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JAVIER H. PEREZ				
		Name of Person		_	
	FORTE STONE TILE LL	C			
		Firm/Company		2027 SE	
	33A BUNKER VIEW DR			2023 OCT - 2 - MILH: 06 SECRETARY 9 - 2 7 11 TALL ANALY 9 - 2 7 11	
		Address			
	PALM COAST, FL 32137	1			
		City/State and Zip Code			
	Barbosa_Alice@yahoo.con	n to be used for future annual report no	iilication)		
For further information of	concerning this matter, please c				
ALICE BARBOSA		908 794-7012			
Name (of Person	Area Code Daytii	ne Telephone Numb	oer	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certific	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)	
Mailing Addres		Street Address: Registration Se	ection		
Registration Section Division of Corporations		Division of Co	orporations		
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORTE STONE TILE LLC				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records. (Limited Liability Company))		
the Articles of Organization for this Limited Liability Company were filed on		and assigned		
Florida document number L16000019022				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" of	or the abbreyiations L.L.C."		
Enter new principal offices address, if applicable:		73 O TECH		
(Principal office address MUST BE A STREET ADDR	(ESS)	- E CT		
		- 2 2 · · ·		
		· 公司 · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		. 4 0		
•				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter th</u>	e name of the new registere		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flori	ida		
	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
MGR	Ramon Righetho Francischnelli	1410 COMMANCHE DR	■Add
		LAS VEGAS, NV 89169-3113	□Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blook becament's effective date on the Department.	be specific and cannot be pri ck does not meet the appl	licable statutory filin	(option one than 90 days after the grequirements, this	iling.) Purs	aiant to 60 not be lis	95.020 sted as
record specifies a delayed effective	date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90t	h day aft	er the
d is filed.	2033	·				
d is filed. September 19. Dated	2033	_/				

Filing Fee: \$25.00