(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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12/06/13 -0/6/3-003 - 4:25.00

C. GOLDEN JAN 1 1 2020

COVER LETTER

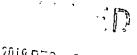
TO: Registration Section Division of Corpo			
SUBJECT:C	ALA TILE LL Name of Limite	ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	ALICE ANN	J (LGT Z Name of Person	
	OCALA T	_	
	17832 SE	Address	
	Summerfl	CID, FL 3449	<u> </u>
	alice any ge	City/State and Zip Code + Cm Sn . Com o be used for future annual report notifica	ution)
For further information co	ncerning this matter, please ca		
ALICE A	NN SETZ Person	at (863) 666 - 3 Area Code Daytime T	3772 Telephone Number
Enclosed is a check for the	e following amount:		
\$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OCALA TILE, LL	C _y	2019 U=0 -6 AH 9: 21
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.)	
The Articles of Organization for this Limited Liability Con Florida document number $\underline{L1600078675}$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	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 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	Address 12422 SE LOSTACT	Type of Action
AMPA.	Steve FERGATIONS	Address 17632 SE 105THCT SUMMERFIELD, FL 34491	0 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[] Change
			□Add
			□Remove

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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: 12/2/19 (optional) (decrive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier ϵ 90th day after the record is filed.
Dated	DECEMBER 7 No. 2019. Click W. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	alice Getz

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Filing Fee: \$25.00