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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
ANASSEE, FLORIDA

D. SCOTT NOV 1 4 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAGLE TILES LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000170559	were filed on 09/13/2016 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	SE SE	
(Principal office address MUST BE A STREET ADDRESS)	RETAIN OF THE PROPERTY OF THE	
Enter new mailing address, if applicable:	平5 2 0	
(Mailing address MAY BE A POST OFFICE BOX)	2: 28 CRIDA	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. 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 Changing Registered Agent, Signature of New Registered Agent

If amonding 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	STEPHEN FILICIANO	1430 SILVER COVE DRIVE	 Add
	CLERMONT, FL 34714	□ Remove	
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		Add	
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	ion, enter change(s) here: (Attach additional she ,	
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ffective date, if other than the ϵ	date of filing:	(optional)
an effective date is listed, the date must	date of filing: be specific and cannot be prior to date of filing or more than to ck does not meet the applicable statutory filing require	90 days after filing.) Pursuant to 605.0207
ocument's effective date on the Dep	partment of State's records.	oments, this date with not be listed as
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The 90th day after the reco	effective date, but not an effective time, a ord is filed.	t 12:01 a.m. on the earlier or:
, NOVEMBER 8	2016	
ated		
	mid Writing	
	Signature of a member or authorized representative of a mem	nber LATE NO
DAVID E. NUNEZ - MO	′	NOV RETAI AHAS
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	GR	FILED TO NOV 10 PM 2: SECRETARY OF STATE TALLAHASSEE, FLORE TO NOV 10 PM 2: TALLAHASSEE, FLORE TO NOV 10 PM 2: TO NOW