L16000176331

| (Reque | estor's Name) | |
|------------------------------|-----------------|-------------|
| (Addre | ss) | |
| (Addre | ss) | |
| (City/S | tate/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Busin | ess Entity Name | e) |
| (Docur | ment Number) | |
| Certified Copies | Certificates of | of Status |
| Special Instructions to Fili | ng Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Solvision of Co | | 4 | |
|----------------------------------|--|---|---|
| AMAZINO | G TILE, LLC. | | |
| SUBJECT: | Name of Limit | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subm | nitted for filing. | |
| Please return all correspondent | ondence concerning this matter t | o the following: | |
| | CESAR LUIS STRAPAZZ | ON | |
| | | Name of Person | |
| | AMAZING TILE, LLC | | |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | |
| | 9532 HISTORIC KINS RD | S | |
| | | Address | |
| | JACKSONVILLE - FL 322 | .57 | |
| | | City/State and Zip Code | |
| | AMAZINGTILEFLOORS@ | | |
| | E-mail address: (to | o be used for future annual report notifi | cation) |
| For further information | concerning this matter, please ca | 11: | |
| CESAR STRAPAZZO | V | 904 672-5395 at () | |
| Name | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for | the 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 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AMAZING FILE, LLC (Name of the Limited Liability Compa (A Florida Limited) | any as it now appears on our records.) | - | | |
|---|--|--------------|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number L16000176331 | | assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | | |
| | The Country of the state of the | W. I. C. P. | | |
| The new name must be distinguishable and contain the words "Limited Liabi | 9532 HISTORIC KINGS RD S | "بابابابا | | |
| Enter new principal offices address, if applicable: | JACKSONVILLE-FL | | | |
| (Principal office address MUST BE A STREET ADDRESS) | 32257 | | | |
| | 9532 HISTORIC KINGS RD S | | | |
| Enter new mailing address, if applicable: | JACKSONVILLE-FL | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 32257 | | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | ne of th | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | , Florida | | | |
| | City Zip Co | de | | |

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 A

Page 1 of 3

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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|--------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | Add |
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| ated _ | | , | | F- 20000001A | | 7 | 17.2 | |
| ated _ | | Signature of | a member or autho | rized representative | of a member | Fo | | 77 |
| latad F | -57 | 7-1 | -, | | | | | |
| E | EBRUARY 15 | | 2016 | ٠ | | | | |
| | ord specifies a dela 90th day after the | | | ; an effective ti | ıme, at 12:0 | ul a.m. | on the | e earlie |
| | | | | | | 34 | 4L | |
| Note: I | f the date inserted in thi at's effective date on the | is block does not | meet the applica | ble statutory filing | g requirements. | , this date | will no | t be liste |
| ffectiv | e date, if other than tive date is listed, the date | the date of filing | ng: | to date of filing or m | ore than 90 days | ptional) |) Pureus | nt to 605 (|
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