46000217825

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COVER LETTER

Division of Corpor				
SUBJECT: John	4 Jay Custem Name of Lim	Tile + Marble LLC ited Liability Company	, <u>/</u>	
The enclosed Articles of Am	nendment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
		Name of Person Wastern Tile & Market Firm/Company		
	2215	50- Avenue	 	
	Vero	Beach FL 33966 City/State and Zip Code	2023 FEB 10 SECELLES	
-	E-mail address: (i	181 (a) 4 a hw, CM to be used for future annual report notifical	tion)	g enta a repre-
For further information conc	erning this matter, please ca	all:	1.0 0	COT NEWS
Name of Pe	· Green	at (772) 473-2 Area Code Daytime To	5632 Fr 59 clephone Number	
Enclosed is a check for the 6	ollowing amount: ☐ \$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 Sec Division of Corp		Street Address: Registration Section Division of Corporation		

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

John 4 Jay Custorn (Name of the Limited Liability (A Florida)	Tib & Marbb LL Company as it now appears on our reco	rds.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L/6000217825</u>	mpany were filed on	and assigned
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 "Limite	ed Liability Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	- <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>ente</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
Enter Florida street address, Florida		
	City	Zip Code

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.

New Registered Agent's Signature, if changing 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>	<u>Name</u>	<u>Address</u>	Type of Action
			_ □Add
			_ □Remove
			_ Change
			_ □Add
			□Remove
			□ Change
		100 	
			Schange 59
			_ □Add
			_ □Remove
			_ Change
			□Add
			□Remove
			_ □Change
			_ □Add
			□Remove
			_ □Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Percentage of Owner ship:		_
190 John L. Green, Mgs. 9990 Joseph J. Russo, Mgs.		- -
		- -
		-
		-
		-
1/1/27,13	onal)	-
Effective date, if other than the date of filing:	filing.) Pursuant to 60	5.0207 (ted as t
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b'rd is filed.		er the
Dated <u>February</u> 4. <u>2023</u> . Signature of a member or authorized representative of a member	2023 FEB 10	The same of the sa
Typed or printed name of signee	AM 9: 59 0F STATE SEE, FL	