## L16000226694

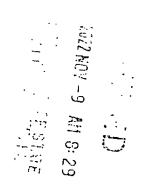
(Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
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Certified Copies	_ Certificates	of Status	
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A. BUTLER FEB = 2 2023

November 4, 2022

**CERTIFIED MAIL WITH RETURN RECEIPT NO. 7016 3560 0000 0509 1810** 

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

RE: NORTH AMERICA TILE GROUP, LLC DOCUMENT NO. LI6000226694 ARTICLES OF AMENDMENT

Dear Sirs:

On behalf of the hereinabove Limited Liability Company, NORTH AMERICA TILE GROUP, LLC, we like to request from the Division of Corporations to amend its Articles of Incorporation, specifically the entity's name. To that effect, please find enclose the corresponding "Articles of Amendment to its Articles of Incorporation". Regarding which, we are also enclosing, a check in the amount of \$55.00, to cover the fees thereto related applicable to its Filling Fee and the issuance of a Certified Copy.

Thank you for the assistance in this matter.

Cordially,

José L. Villamil-Casanova

Enclosures

Cc: Mr. Lee J. MacVicar

Mr. Miguel A. Vassallo-Rodríquez

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our re ted Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comparing document number LI6000226694	any were filed on DECEMBER	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
NORTH AMERICAN TILE GROUP, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>er</u>	nter the name of the new register
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street ac	ddress
		, Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

MORTH AMERICA THE GROUP LLC

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
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