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COVER LETTER -

	Registration Sec Division of Corp						
orib tez	GF TILE LI						
SUBJEC	Л:	Name of Lim	ited Liability Company				
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		CARLOS PEREZ	·				
	Name of Person						
GF TILE LLC							
Firm/Company							
		6206 AXELROD RD					
			Address				
		TAMPA FL 33634					
			City/State and Zip Code				
	TADIA72@HOTMAIL.COM E-mail address: (to be used for future annual report notification)						
For furth	ner information co	oncerning this matter, please co		cations			
CARLOS PEREZ			352 263-6663				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclosed	i is a check for th	ne 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:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GF TILE LLC				
(Name of the Limited L. (A F	iability Compa lorida Limited l	iny as it now appears on our i Liability Company)	records.)	
The Articles of Organization for this Limited Liabil	ity Company	were filed on $\frac{02/08/2017}{}$	a	nd assigned
lorida document number L17000031583	·			
his amendment is submitted to amend the following	ıg:			
a. If amending name, enter the new name of the	limited liab	ility company here:		
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	"LLC" or the abbrevia	tion "L.L.C."
nter new principal offices address, if applicable	:	6206 AXELROD RD		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		TAMPA FL 33634	> (<u> </u>
			> 171 -y- 171 >9- 1,	N 21
inter new mailing address, if applicable:	6206 AXELROD RD	Confidence Confidence	- F	
Mailing address MAY BE A POST OFFICE BOX	<u>v)</u>	TAMPA FL 33634		
			選択 <u> </u>	
B. If amending the registered agent and/or in egistered agent and/or the new registered office			cords, <u>enter the i</u>	name of the
Name of New Registered Agent:	CARLOS PER	EZ		
New Registered Office Address: 6	206 AXELRO	OD RD		
		Enter Florida street	address	
<u></u>	AMPA		_, Florida <u>33634</u>	
		City	Ziţ	o 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>Titte</u>	<u>Name</u>	Address	Type of Action
MGR	CARMELO GARCIA BERMUDEZ	8507 AZZURE AVE APT 102	
	CARATERO GARZOIG	TAMPA FL 33614	Remove
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			Add
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