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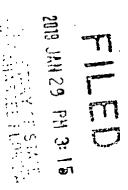
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Sectorial Corp.						
SUBJEC	Elite Title an	d Flooring LLC				•	
		Name of Lim	nited Liability Company	y			
The enclo	sed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspond	dence concerning this matter	to the following:				
		Thaddeus Kirby					
			Name of Persor				
		Elite Title and Flooring LL					
			Firm/Company	<u> </u>			
		7710 Wauchula Rd					
			Address				
		Myakka City, FL 34251				1	
		thad.kirby72@gmail.com	City/State and Zip C	Zode			
		E-mail address: (to be used for future an	inual report notifi	ication)		
For furthe	r information cor	ncerning this matter, please ca	all:				·• •
Thad Kirb	ру 		941 at (705-0671		2019 JA	-11
	Name of F	Person	Area Code	Daytime	Telephone Number	JAN 29	
Enclosed i	is a check for the	following amount:				第 圣	ITI
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Cop (additional copy	у	Certified	ing Fee. (2) te of \$tatus &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Title and Flooring LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now appears on our records. (A Florida Limited Liability Company))
The Articles of Organization for this Limited I Florida document number L17000079869		and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	i
Elite Tile and Flooring LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address on our records, office address here:	2019
Name of New Registered Agent:	LaDonna VanDame	JAH 2
New Registered Office Address:	3510 Spainwood Dr	- m
	Enter Florida street address Sarasota , Flor	ida 34232 1132 -
	City	Zip Code
New Degistered Agent's Signature if shanning	Desistand Assets	1

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 amendin	g Authorized Person(s) authorized to l from our records:	manage, enter the title, name, ar	nd address of each person being adde
MGR = ' N			
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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(If an effective da Note: If the da	e, if other than the te is listed, the date ma the inserted in this be fective date on the I	ust be specific an block does not i	d cannot be prior to meet the applical	o date of filing or m ble statutory filing	ore than 90 days aft	t ional) er filing.) Pu nis date wil	rsuant to 6 I not be li	05.0207 (3 sted as th
the record sp	ecifies a delaye day after the re	ed effective (cord is filed.	date, but not	an effective t	ime, at 12:01	a.m. on	the ear	lier of:
Dated/	/24/		, <u>2019</u>		_			
		Signature of a	niember or author	ized representative	of a member			
		The	addeus	Firbs				
			Typed or printed	name of cignod				

Page 3 of 3

Filing Fee: \$25.00