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COVER LETTER

	tration Sec on of Corp			
	1odomo Til	les, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed /	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return a	ll correspor	ndence concerning this matter	to the following:	
		Richard A. C. Alton, Esq.		
			Name of Person	
		Silverberg & Weiss, P.A.		
			Firm/Company	
		1290 Weston Road, Suite 2	213	
			Address	
		Weston, Florida 33326		ТА:s 21
		ralton@pkslegal.com	City/State and Zip Code	MIT JUL 27 P 2: SECRETARISSEE, FLOR
		E-mail address: (to be used for future annual report notification	DL 27
For further info	ormation co	oncerning this matter, please ca	all:	
Richard A.C.	Alton, Esq.		954 3860998 at ()	
	Name of	Person	Area Code Daytime Telep	phone Number
Enclosed is a c	theck for th	e following amount:		
□ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
	Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C	s

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Modomo Tiles, LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/12/2017	and assigned
lorida document number L17000106408	_·	
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist		enter the and me of the n
egistered agent and/or the new registered office addr	ess here:	
		L 2
Name of New Registered Agent:		m _c m
New Registered Office Address:		
	Enter Florida street address	2: \ _08:
	, Flor	ida <u>Zip Code</u>
	City	гір Соае

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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Gruppo Ceramiche Gresmalt S.p.A.	Via Statale 467, nr 45	_ Add
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ective date, if other than the effective date is listed, the date in	ust be specific and canno	ot be prior to date of	filing or more than 9	optional (optional) Odays after filin	g.) Pursuar	nt to 605.02
te: If the date inserted in this laument's effective date on the			tory filing require	ments, this dat	e will not	be listed
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record specifies a delaye	ed effective date,	but not an eff	ective time, at	: 12:01 a.m	on the	earlier
he 90th day after the re	cord is filed.					
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Filing Fee: \$25.00