117000161446

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Co					
	ALE TILES, LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	BRUNO MARCHELLI C	OSTA			
		Name of Person			
		Firm/Company			
	5131 HANCOCK ROAD				
	4	Address	 		
	SOUTHWEST RANCHES	S. FLORIDA 33330			
	USA@MILANO.COM	City/State and Zip Code			
	-	o be used for future annual report noti	fication)		
For further information of	concerning this matter, please ca	all:			
CORNELIO COSTA		954 560-6877			
Name o	of Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he 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 Registration		Street Address: Registration Sec	rtion		
Division of C	Corporations	Division of Cor	porations		
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202

WHOLESALE TILES, LLC		2 JUL 9			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	3386			
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000161446</u> .	were filed on 07/27/2017	SEED and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."			
Enter new principal offices address, if applicable:	5315 NW 36th AVENUE				
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33142				
Enter new mailing address, if applicable:	5315 NW 36th AVENUE				
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33142				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ne of the new registered			
	Enter Florida street address				
	Florida	Zip 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 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>	Address	Type of Action
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			□Add
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					(optio	nal)	
Effective	date, if other than the dive date is fisted, the date must be	ate of filing: _ se specific and car	nnot be prior to da	te of filing or more	s ihan 90 days after f	iling.) Pursuant	t to 605.020
Note: If	the date inserted in this bloc	k does not mee	tine applicable	statutory filing (requirements, this	date will not	be listed a
documen	t's effective date on the Dep	artment of State	e s records.				
			er alas dass	at 12:01 a.m. ov	the earlier of: (b)	The 90th d	ay after th
ie record s ord is filed	specifies a delayed effective	date, but not an	effective time.	at (2.0) a.m. or	The carrier are (o)		•
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lu	ly 15, 2022						20.7
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Dated		1/2	und certa	•			_ 트 _
Dated		100					
Dated		Signature of a mer	mber or anthorize	d representative o	f a member	SSEC	18 4