## 117000172039

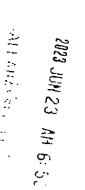
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	<del></del>

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## **COVER LETTER**

	Registration Sec Division of Corp					
	PVS TILE I	LC				
SUBJEC	.T:	Name of Limit	ed Liability Company	<del></del>		
The encl	osed Articles of a	Amendment and fee(s) are subn	nitted for filing.			
Please re	eturn all correspo	ndence concerning this matter to	o the following:			
		PAULIN VENANCIO DA	SILVA			
			Name of Person			
		PVS THE LLC				
			Firm/Company			
	Firm/Company 1703 W HANNA AVE					
			Address			
	TAMPA, FL 33604					
			City/State and Zip Code			
		PVSTILEVENANCIO@GM				
			o be used for future annual report noti	Heation)		
For furth	her information c	oncerning this matter, please ca	II:			
Pau	olin Ve	nancio Da Silva	at ( <b>813</b> ) 735 -	1706		
		f Person	Area Code Daytim	ne Telephone Number		
Enclose	d is a check for the	ne following amount:				
□ \$25	5.00 Filing Fee	S \$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 Addre		Street Address: Registration Se			
	Division of C	Corporations	Division of Co			
	P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monro	pe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUN 23 AM 6:5c

PVS TILE LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/11/2017 and assigned Florida document number <u>L17000172039</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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 applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: NIA New Registered Office Address: Enter Florida street address

## 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>	<u>Address</u>	Type of Action
MGR	VERONICA LEE	1703 W HANNA AVE TAMPA, FL 33604	
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			🗆 Add
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If an effect Note: If	tive date is listed. Tthe date inserte	r than the date the date must be sed in this block d te on the Depart	pecific and o loes not m	cannot be prio ect the appli	r to date of fil cable statuto	ing or more that	i 90 days after	filing.) Pursuant t	o 605.0207 ( e listed as t
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JU Dated	JNE 20TH			2023	·				
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	1	グノノシ							
,		Sign Sign	ature of a n	iember or aut	horized repres	sentative of a m	ember		

E. E. 635.00