

9/25/2017

Division of Corporations

L17000194021

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GILMAN CIOCIA INC.
Account Number : 120120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Aliza.Benshimon@ptax.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KING SOLOMON TILES LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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L17000194021

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KING SOLOMON TILES 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 09/19/2017 and assigned
Florida document number L17000194021.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

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:

YAKOV BENAJON

New Registered Office Address:

5011 SOUTH STATE ROAD 7 STE 105

Enter Florida street address

DAVIE

City

Florida

33314

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.

(Signature)
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>	<u>Types of Action</u>
MGRM	YAKOV BENAION	5011 S STATE ROAD 7 STE 105	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RONEN ITAH	7950 NW 53rd ST STE 337	<input type="checkbox"/> Add
		MIAMI FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) this date will not be listed as the effective date of filing.

IF the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 25 2017

Signature of a member or authorized representative of a member

YAKOV BENAION

Type or printed name of signee