117000208302

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)	.	
(Document Number)		
Certified Copies Certificates of Statu	s	
Special Instructions to Filing Officer:		

Office Use Caly



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COVER LETTER TO: Registration Section **Division of Corporations** SUBJECT: The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount:

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□ \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional oppy is enclosed)

☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TILE LIFE	LLC
(Name of the Limited Liability Company (A Florida Limited Ilia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company with Florida document number <u>L1700020830</u>	ere filed on 10 - 9 - 17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:
The new name must be distinguishable and contain the words "Limited Liabilit	
Enter new principal offices address, if applicable:	18 JA
(Principal office address MUST BE A STREET ADDRESS)	N PATE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AHII: 03
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,,,,, Ganz
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is
If Chang	ng Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = M AMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
MGR wner)	Brian Buckley	Jacksonville, FL 3222	Add
		Jacksonville, FL Sada	☐ Remove
	•		Change
			Add
			Remove
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			Change
			
			Remove
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D. If ame	ending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)	
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(If an eff <u>Note:</u>	fective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicablent's effective date on the Department of State's records.	odate of filing or more than 90 days after filing.) Pursuant to 6 ole statutory filing requirements, this date will not be li	05.0207 (3)(b) sted as the
If the red (b) The	cord specifies a delayed effective date, but not 90th day after the record is filed.	an effective time, at 12:01 a.m. on the ear	lier of:
Dated	January 11 . 2018		
	Signature of a member or author	zed representative of a member	
	Brian Buckley	name of signee	
	21		
	Page 3		
	Filing Fee	: 525 00	