L17000212023

(Req	uestor's Name)		
(Add	ress)		
- Louis Abba	ress)		
(City)	/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Busi	iness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Fi	iling Officer:		

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COVER LETTER

TO: Registration Sec Division of Corp		·	
SUBJECT: \(\frac{\frac{1}{2}}{2}\)	Tile 1851alla Name of Limite	ation & Remo	ovel, LLC
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Jose Luis	Correct Name of Person	
	Je lile Inst	alation 1 nemo	wel.LLC
	3361 Saul	octh Od Address	
,	Tallahassee	City/State and Zip Code City/State and Zip Code O be used for future annual report notific	303
For further information c	oncerning this matter, please ca		
Name o	f Person	at ()	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 Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

STREET/COURIER ADDRESS: Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SL Tile Inst	ability Company as it now appears on our recorda Limited Liability Company)	a L2 (
The Articles of Organization for this Limited Liabili	ty Company were filed on(O	13 Land assigned
This amendment is submitted to amend the following	g:	
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	·	<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>	5 E
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new
Name of New Registered Agent:	· ·	
New Registered Office Address:	Enter Florida street a	
	enier riorida street d	
	City	_, 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 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 Type of Action Address <u>Title</u> Name 336 | Sawtooth Dr XAdd
Tallahassee fl 32303 | Remove Jose Luis Correa _□ Change □ Add □ Remove ☐ Change □ Remove ا Change □ 를 다 Add 다 ☐ Change □ Add ☐ Remove _□ Change □ Add □ Remove

_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing:	o 605.0207 (3)(b) e listed as the
If the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the ϵ (b). The 90th day after the record is filed.	earlier of:
Dated	
	_
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00