K17000250723

(Re	equestor's Name)	
(Ac	idress)	· · ·
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	JUN 29 ZO	022
	A. LUN	T

Office Use Only



900387175439

05/06/22--01021--005 **30.00

STORED DE ROISIA (PERSONAL MANAGERA PERSONAL PE

COVER LETTER

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	TILE COMPANY, LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Colorida document number L17000250723	Company were filed on DECEMBE	R 7, 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
MG'S RENOVATION AND F	FLOORING COMPANY, LLC	
he new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere	ed office address on our records,	enter the name of the new registo
gent and/or the new registered office address here:		
Name of Name Design and Agence.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
	City	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
			□ Add
			□Remove
			□Adđ
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
		□Remove	
			□ Change
			□ Add
			□Remove
			pan,

				
			<u>-</u> -	
		<u></u>		
				
		<u>. </u>		2022
· · · · · · · · · · · · · · · · · · ·				2022 #AY
				1 16 PE C
				F1,2
				- - :
			<u> </u>	

fective date, if other than th	e date of filing:		(optional)	
in effective date is listed, the date mote: If the date inserted in this cument's effective date on the	ust be specific and cannot be pricolock does not meet the appli	icable statutory filing re	than 90 days after filing.) Pu	rsuant to 605.0207 I not be listed as
ecord specifies a delayed effect is filed.	we date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 9	Ith day after the
APRIL 7	2022			
V T I A / L	IN WINI	1 A		
Mary	Signature of a member or aut	<i>Y</i>		

Filing Fee: \$25.00