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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

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2018 AUG 17 AM 9: 08
SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE AUG 27 2018

#### **COVER LETTER**

TO: Registration Se Division of Cor			·
SUBJECT:	cept Tile Kin	tchen & bath ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
·	<u> </u>	y Martinez Name of Person	-
	Concept -	Tile Kitchen &	t Bath LLC
·	103 Su	shine Blvd.	
·	Taverni	ev, FL 3307 City/State and Zip Code	10
	Conceptti E-mal address: (1	Le <u>remodeling</u> and the used for future annual reput notified	mail. Con
For further information of	oncerning this matter, please ca	dl:	
JHGJHGJKHGKKK W	Jamiley Martin	et at (305) 771- Area Code Daytime	717 De Telephone Number
Enclosed is a check for the	nc following amount:		
S25.00 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

#### STREET/COURIER ADDRESS:

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

#### ARTICLES OF AMENDMENT TO

### FILED

## ARTICLES OF ORGANIZATION AUG 17 AM 9: 08

(A Fiorita Emilie)	a Elatonty Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>し) 80∞0 243フフ</u> .	ny were filed on 1/26/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "LLC."
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 registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the newere</u> :
Name of New Registered Agent:	
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.

City

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>	Name	Address	Type of Action
AMBR	hamon Garcia	530 NE 69th St. Miami, FL 33138	<b>)\$</b> Add
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited _	W Next
	Signature of a member of authorized representative of a member
	A contract of the contract of

Page 3 of 3

Filing Fee: \$25.00