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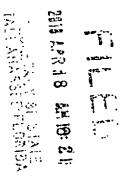
(Re	questor's Name)	<u>-</u>
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APR 19 2019
J. HARRIE

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	Y & D TIL	E LLC		
aubjr	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		YOEL SAMPAYO GIL		
			Name of Person	
		Y & D TILE LLC		
			Firm/Company	
		2909 W JEAN ST		
			Address	
		TAMPA FL 33614		
		1051.6.1.15.14.0.1	City/State and Zip Code	
		JOELSAMPAYO1174@G E-mail address: (MAIL.COM to be used for future annual report noti	fication)
For furtl	her information c	oncerning this matter, please c	all:	
YOEL:	SAMPAYO GIL		813 898-7753	
	Name o	f Person		e Telephone Number
Enclose	d is a check for th	ne 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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Y & D TILE LLC

company has been notified in writing of this change.

(ivality of the time	(A Florida Limited	any as it now appears on our a Liability Company)	records.)			
The Articles of Organization for this Limited I Florida document number L18000024584	_iability Company 	were filed on 01/29/2018	{	and ass	igned	
his amendment is submitted to amend the fol	lowing:					
a. If amending name, enter the new name	of the limited liab	pility company here:				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbrevia	tion "L.	1C."	
Inter new principal offices address, if appli	cable:	YOEL SAMPAYO GIL	<u> </u>	291		
Principal office address MUST BE A STRE		2909 W JEAN ST	ر است. دادره هر)>-	100	
		TAMPA FL 33614		جن <u>د :</u>	ton e	
			<u> </u>	O D	Ĭ	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2909 W JEAN ST	<u> </u>	EK EK	ij k	
		TAMPA FL 33614		<u>ह</u> ा		
			<u> </u>			
. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:		<u>e</u> :	cords, <u>enter the</u>	name	of the	
		2909 W JEAN ST				
New Registered Office Address:	2909 W JEAN					
		Enter Florida street o				
	2909 W JEAN TAMPA	Enter Florida street o				
	ТАМРА	Enter Florida street o	Florida 33614	o Code		

If thanging 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>	Type of Action
MGR	EIDER PELEGRINO MARTINEZ	3225 CARLTON ARMS DR	■ Add
		TAMPA FL 33614	□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			□ Change
			Add
			□ Remove
	·		Change Change
		_	□ Change
			□ Add
			☐ Remove
			□ Change

EIDER PELEGRINO MARTINEZ		
		
ffective date, if other than the date fan effective date is listed, the date must be speciote: If the date inserted in this block do ocument's effective date on the Department.	ecific and cannot be prior to date of filing or more than 90 days be not meet the applicable statutory filing requirements	optional) after filing.) Pursuant to 605.0207 , this date will not be listed as
e record specifies a delayed effe The 90th day after the record is	ctive date, but not an effective time, at 12:6 s filed.	01 a.m. on the earlier of
APRIL 14	2018	型。豐
	 ,	Contract of the Contract of th
11/-		

Page 3 of 3

Filing Fee: \$25.00