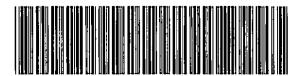
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SECKETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration S Division of Co			•
SUBJECT:	Huxury Name of Line	Tile by Min	hai,44C
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Mihai	Vrancean Name of Person	
	Luxury T	ile by Mihai,	LhC
	87 Bay	Tree Drive	
	Miramar	Beach, FP, 325 City/State and Zip Code	60
	mi hai . v i	Tancean og mail.	COM_
For further information of	concerning this matter, please ca		
Mihai	Vrancean	at ( <u><b>850</b></u> ) <u><b>914</b> - Area Code Daytim</u>	P661 e 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

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luxury Tile by	Mihai, 41	<u> 1 C</u>		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our r bility Company)	ecords.)		
The Articles of Organization for this Limited Liability Company w	ere filed on 2	2018 and assigned		
Florida document number <u>L 180 000 33 169.5</u> .	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
Some 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:	Same	SE SE		
(Principal office address MUST BE A STREET ADDRESS)	-	<b>3</b> 200 200 200 200 200 200 200 200 200 20		
		SEXT SEXT		
		PA Figure		
Enter new mailing address, if applicable:	same			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		cords, <u>enter the name of the ne</u> v		
Name of New Registered Agent: Same				
New Registered Office Address:	Enter Florida street a	uddress		
·	City	_, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe				

If Changing Registered Agent. Signature of New Registered Agent

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
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in effect ote:   If	date, if other than the converge date is listed, the date must the date inserted in this blo as effective date on the Dej	be specific and o ck does not me	cannot be prior eet the applic	to date of filing able statutory	g or more than		ling.) Pursuant to 6	
reco	rd specifies a delayed Oth day after the reco	effective da			ive time, a	t 12:01 a.	m. on the ear	lier
ited	3 March	·	18					
		· Bignature of a m	ember or author	arized represen	tative of a me	nber		
			wi uuuli					

Page 3 of 3

Filing Fee: \$25.00