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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tile Excellence LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John ClayTon Name of Person
Firm/Company
1936 SE HERON Cove
AR CadiA FL 34266 TRiple 5383@ gMail.com
TRiple J 383 @ 9 Mail - Com E-bail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
The Clay at (863) 303-1816 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION OF

Tile Excellence IIC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{4-2-18}{180000822222}$ and assigned
This amendment is submitted to amend the following:
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 "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: JOhn Clayton
New Registered Office Address: 1936 SE HERON Cove, Read in F2342 Emer 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 familian with and

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 300 of the confirmation of the c

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>Name</u> Address Type of Action Title Michael Clayton 1936SE HERON GOVE □ Add ARCad A P234266 BRemove ☐ Change John Clayton ☐ Change □ Add ☐ Remove Change □ Add ☐ Remove ☐ Change □.Remov □ Remove ☐ Change

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an effective date i lote: If the date ocument's effec	f other than the date of a listed, the date must be special inserted in this block do tive date on the Departmental cifies a delayed effection.	ecific and cannot be prior es not meet the applic ent of State's records	to date of filing or more able statutory filing r	equirements, this date v	vill not be listed as
	y after the record is				- · · · · - · · ·
ated	4-10	2018			
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-	Signati	ure of member or auth	orized representative of	a member	APR
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Filing Fee: \$25.00