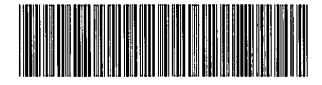
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COVER LETTER

Division of Co	rporations		
	TLE INSTALLATION, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ARIEL HERNANDEZ LI	MA	
		Name of Person	 -
	ARMEH TILE INSTALL.	ATION, LLC	
Firm/Company			
	6925 W MOHAWK AVE		
		Address	
	TAMPA, FL 33634		
		City/State and Zip Code	
	ARIELHLIMA@GMAIL.C		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
ARIEL HERNANDEZ	LIMA	813 966-2052	
Name of Person			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 (additional copy is enclosed)

 ${\bf MAILING~ADDRESS:}$

TO:

Registration Section

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**

FILED

2018 OCT 15 AM 10: 37

ARMEH TILE INSTALLATION, LLC

SECRETALY HE STATE

(Name of the Limited Liability Company as it now appears on our records LAHASSEE, FL

Florida document number L18000098591 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 "L1C" or the abbreviation "L1C". 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida Typ Code	The Articles of Organization for this Limited Liability Cor	npany were filed on 04/19/2018	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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Florida document number L18000098591	e.	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida			
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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	A. If amending name, enter the new name of the limite	ed liability company here:	
(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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."
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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Enter new principal offices address, if applicable:		
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(Principal office address MUST BE A STREET ADDRE	<u></u>	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida			
New Registered Office Address: Enter Florida street address Florida			ords, <u>enter the name of the</u>
Enter Florida street address, Florida	Name of New Registered Agent:		_
, Florida	New Registered Office Address:		
		Enter Florida street add	dress
			Florida 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 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 i 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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
AMBR	XIOMARA I NARANJO ALMEIDA	6925 W MOHAWK AVE, TAMPA FL 33634	
			Remove
			Change
			Remove
			□ Change
			🗆 Remove
			Change
			Add
			Remove
			Change
			Add
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D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the day after the record is filed.
Dated OC	TOBER 3 2018
	Signature of a member or authorized representative of a member
	XIOMARA I. NARANJO ALMEIDA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00