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(Address)	
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SECRETARY OF STATE

K. SALY AUG 23 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CREATIVE TILE & DESIGN OF Tampa Bay LLC Name of Limited Liability Company	1
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Christian Mevenger	
Creative Tile & Design of Tampa Bay, LLE	
6952 BOHK BRUSH DR. Address	
Port Richey, 54 34668 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Christian Alevenger at (727) 542-9226 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

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 ARTICLES OF ORGANIZATION

F	ILED
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<u> </u>	E, FI GATE

Zip Code

Cheative Tile & Des	Sign of Tampa Bay LLC Company as it now appears on our records.) mited Liability Company)
	npany were filed on July 13, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES	SS)
Enter new mailing address, if applicable:	No Changes
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office address	
Name of New Registered Agent:	Mo Changes
New Registered Office Address:	Mo O herna 2 S Enter Florida street address
	, Florida

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.

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: 18 AUG 15 AH 9: 14 MGR = Manager AMBR = Authorized Member Title Address Name Type of Action Ho Changes □ Add _□ Remove _ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change _□ Add □ Remove _□ Change □ Remove ☐ Change

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Effective	date, if of	ther than the d	ate of fi	ling:			(optional)
(If an effecti	ive date is lis	ted, the date must b	re specific	and cannot b	e prior to date o	f filing or more than 90 actory filing requirer	days after filing.) Pursuant to 605.0207 ments, this date will not be listed as
		date on the Dep					
		es a delayed (fter the recor			ut not an ef	fective time, at	12:01 a.m. on the earlier of
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Page 3 of 3

Filing Fee: \$25.00