## 11900181551

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## SEP 28 P 2:5

## **COVER LETTER**

TO:	Registration S Division of Co	Section orporations			
SUBJEC	SOLIS TI	LE LLC			
		Name of Lin	nited Liability Company		
The encl	losed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
		JESUS ALEXANDER SOL	.IS SALAZAR		
			Name of Person		-
		8020 CARDINAL DR	Firm/Company		-
		TAMPA, FL 33617	Address		1 SEP
			City/State and Zip Code		28
		E-mail address: (	to be used for future annual report notifica	ition)	
For furth	er information	concerning this matter, please c	all:		្នុក <u>ទ</u>
JESUS	ALEXANDER	SOLIS SALAZAR	813 5313108		P
	Name	of Person	Area Code Daytime T	elephone Number	<del></del>
Enclosed	l is a check for (	the following amount:			
<b>≅</b> \$25.6	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
		.ING ADDRESS:	STREET/COURIER Registration Section	LADDRESS:	

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

SOLIS TILE LLC			
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on			and assigned
Florida document number L18000181551			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company h	ere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	designation "LLC" or the abbrev	
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE.	ET ADDRESS)	:	70
			ω ;
			U 1:1
Enter new mailing address, if applicable:		• •	2
Mailing address MAY BE A POST OFFICE	new maning address, ir applicable:		<del></del>
Muning autress WAT BE AT OST OFFICE			<del></del>
	<del></del>	<del></del>	
B. If amending the registered agent and	/or registered office address on	our records, enter the	name of the ne
egistered agent and/or the new registered o	office address here:	enter the	name of the ne
Name of New Registered Agent:	JESUS ALEXANDER SOLIS S	SALAZAR	
New Registered Office Address:	8020 CARDINAL DR		
	Enter Flor	rida street address	
	TAMPA	, Florida 33617	
	City		lip 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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JESUS SOLIS	8020 CARDINAL DR	
		TAMPA, FL 33617	
			■ Remove
			Change
MGR	JESUS ALEXANDER SOLIS	8020 CARDINAL DR	
	SALAZAR		
		TAMPA, FL 33617	
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ective date, if other to effective date is listed, th	than the date of filir	ng:		(ор	tional)		
ie: If the date inserted	in this block does not	meet the applicable	ate of filing or more statutory filing r	than 90 days aft equirements, th	er tiling.) nis date s	Pursuant to ( will not be I	605.020 isted a
ument's effective date	on the Department of	State's records.					
record specifies a he 90th day after	delayed effective the record is filed	date, but not a	n effective tim	e, at 12:01	a.m. d	on the ear	rlier (
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Typed or printed name of signee

Filing Fee: \$25.00