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PICK-UP	☐ WAIT	MAIL
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TO: Registration Secti Division of Corpo		
SUBJECT: ECO F	Flooring & Remodeling LLC. Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	Kyle R. Switzer (AMBR)	
	TileBy Kyle LLC.	
	4009 Glenhurst Avenue North	
	JACKSonville Plovida 32224 Chy/State and Zip Code	
	7. le Bykylesk (& Committee). Com fe-mail address: (to be used for future annual report notification)	
For further information conc	erning this matter, please call:	
Kyle R. Name of Pe	Switzer at (315) 719 - 8136 Area Code Daytime Telephone Number	
Enclosed is a check for the t	offowing amount:	
S25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)	itus &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

JUL -1 PH12: 09

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eco Flooring & Rev	nodeling LLC.
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
(Name of the Limited Liability Compa (A Florida Limited The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{07/30/2018}{}$ and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
A. If amending name, enter the new name of the limited liab TIEBYKYLE LLC. The new name must be distinguishable and contain the words "Limited Liabi	lity Company "the decionation "LLC" as the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4009 Glenhurst Avenue) JACKSOnville Florida 32224
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4009 Glenhurst Avenue Nor Vacksonville, Florida 32224
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<u> </u>	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chai	nging 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 a or removed from our records:					
or removed from our records: MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Actio		
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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated	June 27 . 2019.
	7 1 17 1 NEDITE
	Sgnature of a member or authorized representative of a member
	Kyle R. Switzer (AMBR) Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00