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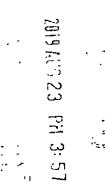
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DA)	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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R. WHITE \$22 03 2019

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 504	then Atlantic	CTILE and Stone dited Liability Company	,LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DAVID A H	PARRIS Name of Person	
	Southern Atlay	Atic Tile and Ston	e, LLC
	3637 LOU	ISA ST Address	
	Marathon Southernatt	FL 33050 City/State and Zip Code antictile Stone Code to be used for future annual report noun	gmail. Com
For further information co	oncerning this matter, please ca		
David AHA	1) Person	at (305) 923 - Area Code Daytime	1027 Telephone Number
Enclosed is a check for th	c 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)

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

					, , ,	- 1-5
Soi	then	Atlantic Liability Company as it	Tile	And St	28 JUL 123	PH 3
(N	ame of the Limited 1	iability Company as it	now appears on	our records.)		

(A Flonda I	Limited Liability Company)	,
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our r ess here:	ecords, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree.	t address
	Cin	, Florida Zip Code
	$Ciar{m{ u}}_i$	гар Соне

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MNGR	Anthony Rosse	10831 2nd Avegut	X Add
	•	10831 2nd Avegut Marathon, FL 33050	Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
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			☐ Change
			□ Add
			□ Remove
			Change

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(If an ef	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Aug 20 th 2019
	Signature of a member or authorized representative of a member
	DAVIDAHARRIS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00