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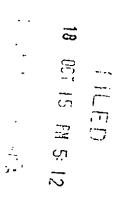
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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	CCT: BIDI	EGAIN TILE Name of Limi	S LLC ited Liability Company	
The end	closed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Claudio	Bidegain	
		Bidea	Pain Tiles LLC	
		2200 SW	Firm/Company 1 12th St. A	
		Miami, FA	33135	
		Claudic E-mail address: (1	City/State and Zip Code ODICHGAIN 7800 to be used for future annual report notifie	g mau
For furt	ther information con	cerning this matter, please ca	all:	
	Claudio 1	Bidegain	$\frac{1}{2}$ at $\frac{186}{2}$ Area Code Daytime	2-3836 Telephone Number
Enclose	ed is a check for the		ruea code izayume	retephone Number
5 \$25	5.00 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

BIDEGAIN TILES LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8 00022063 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 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 n registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name -	Address	Type of Action
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Filing Fee: \$25.00