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2019 APR OF PM 4:2' SECRELAKY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ray'S Unique Tiling; LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Ramon A Costa Name of Person
Rays Unique Tiling, UC
13826 TenSaw Dr.
Hudson, Fl 34669 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ramem A COSta at (727) 243-9707 Name of Person Area Code Daytime Telephone Number of State of Person at (727) 243-9707
Enclosed is a check for the following amount: [1] \$25.00 Filing Fee: [1] \$30.00 Filing Fee: 8 [1] \$55.00 Filing Fee: 8 [1] \$60.00 Filing Fee: 8 [
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee SCERTIFICATE OF STATUS CERTIFICATE OF STATUS CERTIFIC

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, FI. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

Ray's Unian	e Tiling LLC	2019 APR 04 PM 4:29
(Name of the Limited	d Liability Company as it now appear A Florida Limited Liability Company)	TALLAHASSEE EL
The Articles of Organization for this Limited Lia		
Florida document number <u>L 19 (XXO 39</u> (0.71	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company he	re:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	"ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi	**	our records, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
		, Florida
	City	Zip Code

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>	Address	Type of Action
MGR	Ramon Arosta	13826 Tensaw Nr	□ ∕Add
		Hudson, FL 34669	☐ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			Remove
			☐ Change

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If an effec <u>Note:</u> If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
	March 29 . 2019.
	March 29 . 2019.
	March 29 . 2019. Signature of a member or authorized representative of a member

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Filing Fee: \$25.00