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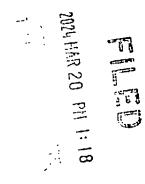
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## **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC		TLE & MARBLE LLC			
SUBJEC	. I : . <u></u>	Name of Lim	ited Liability Company	<del></del>	
The encle	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please re	tum all correspo	ndence concerning this matter	to the following:		
		YODANYS ARZOLA			
			Name of Person		
		ARZOLA TILE & MARB	LE LLC		
			Firm/Company	······································	
		6358 NARRAGANSETT I	BAY DR APT 201		
			Address		
		TAMPA,FL 33615			
			City/State and Zip Code		
		E-mail address: t	to be used for future annual report no	otification)	
For furth	er information co	oncerning this matter, please ca	ıll:		
YODAN	YS ARZOLA		813 426-7926		
	Name of Person		at () Area Code Dayti	ime Telephone Number	
Enclosed	l is a check for th	ne following amount:			
<b>≡</b> \$25.0	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		Street Address:	· mations	
	Registration S Division of C		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARZOLA TILE & MARBLE LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 06/17/2019 and assigned
Florida document number L19000158378	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
ARZOLA TILE & TRANSPORT LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6358 NARRAGANSETT BAY DR APT 201
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33615
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6358 NARRAGANSETT BAY DR APT 201 F
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the now registered
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 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 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>	Name	Address	Type of Action
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			□Remove
			□Change
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Filing Fee: \$25.00