

Florida Department of State
 Division of Corporations
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L190002089083520

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : US TAX CONSULTING INC
 Account Number : I20160000060
 Phone : (407)674-8969
 Fax Number : (407)674-8970

2020 JUL -6 AM 11:15

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 LAYOUT TILE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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2020 JUL -6 AM 11:14

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
LAYOUT TILE LLC**

2020 JUL -6 AM 11:15

The Articles of Organization for this Florida Limited Liability Company were filed on 11/01/2019 and assigned Florida document number .

Florida document number: L19000273520.

Article I

A. If amending name, enter the new name of the limited liability company here:

LAYOUT RENOVATION LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article II

**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)**

Article IV

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: 2020 JUL -6 AM 11:15

MGR = Manager AMBR = Authorized Member

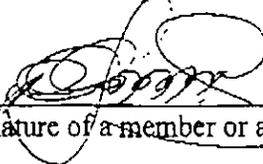
Title	Name	Address	Type of Action
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C. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: July 03rd, 2020

 / Accountant

Signature of a member or authorized representative of a member

RODRIGO CAVALCANTE

Typed or printed name of signee