## L20 0000 44648

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## **COVER LETTER**

O: Registration Section Division of Corporations
UBJECT: Wilsons Ceranic Tile & Marble LLC Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
James Kerry Wilson Name of Person Wilsons Ceramic Tile + Marble LLC Firm/Company
1719 Lake Clay Dr.
Lake Placid 1-L. 33852  City/State and Zip Code  Keer V Wilson 81. KW Q. Jmo. 1. Can  E-mail address: (to be used for future about al report notification)
r further information concerning this matter, please call:
James K. Wilson at 863 443-4205  Name of Person Area Code Daytime Telephone Number 123
closed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{Certified Copy (additional copy is enclosed)}\$
Mailing Address:  Registration Section  Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11.1

WILSONS (cramic lile	2 & Morble LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000</u> 44648	were filed on 2 -01-2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1253 Vista Del Lago BIVD. Dundee, F.L. 33838
(Principal office address MUST BE A STREET ADDRESS)	Dundee, F.L. 33838
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<del>-</del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Projectored Appeter Cinners of the Control of t	City - Zip Code
New Registered Agent's Signature, if changing Registered Agent:	₩ 7

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>	<u>Name</u>	Address	Type of Action
			□Add
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			□Remove

D. If an	ending any other information, enter change(s) here: (Attach additional sheets, if neces	sary.)	
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	Change of address to 1253 Del Lago BIVD. Dundee, 1	=/.	
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(If an e <u>Note</u>	tive date, if other than the date of filing:	iling.) Pursuant to 605.	
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after	the
200	ned.		
Date			

Filing Fee: \$25.00