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(Requ	uestor's Name)	
(Addı	ress)	
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(riddi	<i>C33</i>)	
(City/	State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(———	-,	,
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
	-	
Special Instructions to Fi	iling Officer:	

Office Use Only

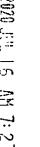


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COVER LETTER

TO:

Registration Section Division of Corporations

cuntrer	4BS Tile LLC	,	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		Noemi E. Cruz	
		Name of Person	
		4BS Tile LLC	
		Firm/Company	
		2408 Caravelle Circle	
		Address	
		Kissimmee, Florida 34746	
		City/State and Zip Code	-
		noemi1512@gmail.com	
		to be used for future annual report no	tilication)
For further information c	oncerning this matter, please c	all:	
Noemi E. Cruz		407 364-8642	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 Addres Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Solution of Co The Centre of	orporations Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office a	address on our rec	cords, <u>enter the name o</u>	f the new registered
agent and/or the new registered office address here:		-	

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

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

Enter new principal offices address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Enter new mailing address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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

70

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mariano L Cruz Chay	2408 Caravelle Circle Kissimmee, Ft 34746	□Add
			■Remove
			□Change
MGR Noemi E Cruz	2408 Caravelle Circle Kissimmee, Fl 34746	\BAdd	
			□Remove
			□Change
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
	-	Change	
		□Add	
		□Remove	
		□Change	
	-	□ Add	
		□Remove	
		□Change	

Effective date, if other than the date of filing: OS/01/2020 Optional		
Effective date, if other than the date of filing: 05/01/2020		
Effective date, if other than the date of filing: 05/01/2020		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:	_	
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Effective date, if other than the date of filing:		
ord is filed.	more.	e date, if other than the date of filing:
Dated 7620 . 2020 .		
	Dated _	7/6/20 . 2020.
Mariano (nur chay		Mariano (nur chay
Signature of a member or authorized depresentative of a member		Signature of a member or authorized depresentative of a member
Mariano L Cruz Chay		Mariano L Cruz Chay

Filing Fee: \$25.00