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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJF	JR'S TILE L	LLC		
SUBJE	.C.:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		ADRIAN RAMIREZ-GOI	СОНЕА	
		-	Name of Person	
			Firm/Company	
		2503 8TH AVE E		
		1912	Address	
		PALMETTO, FL 34221		
		ADRIANRAMIREZ07@LI	City/State and Zip Code	
		_	to be used for future annual report notification)	
For fur	ther information co	oncerning this matter, please ca	all:	
ADRIA	AN RAMIREZ-GO	ОІСОНЕА	941 225-1076 at ()	
Name of Person		Person	Area Code Daytime Telephone Number	
Enclos	ed is a check for th	ne following amount:		
≡ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JR'S TILE LLC		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I Florida document number $\frac{L20000273700}{L20000273700}$	Liability Company were filed on SE	EP 02, 2020 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company ho	<u>ere</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our r	records, enter the name of the new register
Name of New Registered Agent:	ADRIAN RAMIREZ-GOICOHE	Α
New Registered Office Address:	2503 8TH AVE E	rida street address
	PALMETTO	, Florida ³⁴²²¹
	City	Zip Code

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 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
AMBR	ADRIAN RAMIREZ-GOICOHEA		□Add
			□ Remove
			≡ Change
			□Add
			Change
			□Add
			□Remove
			Change
			2020 SEP
			202D SEP 2 PH Charge
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ective date, if other than the date offective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department's	specific and cannot be prior to does not meet the applicab	date of filing or more th le statutory filing req	an 90 days after filing	g.) Prirstiant 6- 605.	.0201 ed as
cord specifies a delayed effective d s filed.	ate, but not an effective tinx	z, at 12:01 a.m. on th	e earlier of: (b) T	he 90th day after	the
SEPTEMBER 22 led	2020	, •			
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Typed or printed name of signee