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R. HUNT 04/65/2]

COVER LETTER

TO:

Registration Section

Division of Cor	porations					
C & J TILE	E. LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
		Donald C. Wright				
		Name of Person				
		C & J Tile, LLC				
		Firm/Company				
	466	81 Magnolia Preserve Avenue		·~;		
		Address				
		Winter Haven, FL 33880	- 1			
	 	City/State and Zip Code	30	O1 1		
		jmlasmanebc@gmail.com		<u> </u>		
	E-mail address: (to be used for future annual report not	iffication)	PH 4: 36		
For further information of	oncerning this matter, please o	all:	' H	36		
Jeffrey M	I. Lasman	813 at ()	317-8234			
Name of	f Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for th	e 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 Certificate of Certified Cop tadditional copy	Status & y		
Mailing Address		Street Address:				
Registration S Division of C		Registration Section Division of Corporations				
P.O. Box 632		The Centre of	•			
Tallahassee, F			e Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name o	, · · · · · · · · · · · · · · · · · · ·		
	(A Florida Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this L	imited Liability Company were filed on	01/27/2021	and assigned
Florida document numberL21			
This amendment is submitted to amen	d the following:		
A. If amending name, enter the new	name of the limited liability company he	<u>re</u> :	
	C & B TILE, LLC		
he new name must be distinguishable and co	ntain the words "Limited Liability Company," the de	esignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address,	if applicable:		
Principal office address MUST BE A	STREET ADDRESS)	<u></u>	200.5 200 - 1
Enter new mailing address, if applicable:	<u></u>	2577	
	able:	C)C) File Dec	3 -
Mailing address MAY BE A POST (OFFICE BOX)		<u>+</u>
		, m	6

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Brandon W. Wright	649 Eisenhower Street, Bartow, FL 33830	≣Add
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		□	☐ Remove
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🔢 If the date	if other than the date is listed, the date must be spe inserted in this block do tive date on the Departn	es not mee	t the applica	o date of filir ble statutor	g or more than S y filing require	(optional) 0 days after filing.) I ements, this date w	Pursuant vill not	to 605.02 be listed
ord specifies filed.	a delayed effective date,	but not an	effective tir	ne, at 12:01	a.m. on the ea	rlier of: (b) The	90th da	y after th
ed	February 27		2023	_ ·				
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Filing Fee: \$25.00