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2022 APR 14 PM 1: 38

A. BUTLER MAY 16 2022

COVER LETTER

		·	
SCOTT CA	RSTENSEN TIL LLC		
	Name of Lim	ited Liability Company	
Articles of	Amendment and fee(s) are sub	mitted for filing.	
	Jack Workman		
		Name of Person	****
	Audit Ready Inc		
	-	Firm/Company	-
	PO Box 604		
		Address	
	Edgewater FL 32132		
		City/State and Zip Code	
	sandflees@yahoo.com		-
			i notification)
iformation c	oncerning this matter, please c	all:	
an		386 410-202 at ()	
Name o	f Person	Area Code Da	sytime Telephone Number
check for th	ne following amount:		
iling 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)
		Street Addres Registration	
ision of C	orporations	Division of	Corporations
			of Tallahassee onroe Street, Suite 810
	formation educate formation educate for the corresponding Fee for the corresponding formation See for the corresponding formation See for the corresponding formation See for the corresponding formation for the corresponding for the corresponding for the corresponding formation for the corresponding for th	Articles of Amendment and fee(s) are sub- all correspondence concerning this matter Jack Workman Audit Ready Inc PO Box 604 Edgewater FL 32132 sandflees@yahoo.com E-mail address: (formation concerning this matter, please can Name of Person check for the following amount: iling Fee \$30.00 Filing Fee &	SCOTT CARSTENSEN TIL LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for fitting. all correspondence concerning this matter to the following: Jack Workman Name of Person Audit Ready Inc Firm/Company PO Box 604 Address Edgewater FL 32132 City/State and Zip Code sandflees@yahoo.com E-mail address: (to be used for future annual report formation concerning this matter, please call: anat (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR 14 PM 1:39

SCOTT CARSTENSEN TIL LLC		SECRETABLY OF STATE
(Name of the Limited Liability Co (A Florida Limi	ind Liability Company)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Comp Florida document number <u>L21000212417</u>	oany were filed on 05/06/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SCOTT CARSTENSEN TILE LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I haraby account the appointment as registered agent and	garage to act in this canacit	u. I further garge to comply with the

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□ Remove
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			□Add
			□ Remove
			Change
			□Add
			Remove

Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The record 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 d is filed. Dated Apr 11, 2022 Signature of a member or authorized representative of a member Scott Carstensen	1 anne	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated	Apr 11, 2022
Signature of a member or authorized representative of a member		Company De Company (State of Company)
Seott Carstensen		Signature of a member or authorized representative of a member
		Scott Carstensen