## 121000277870

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| (Re                                     | questor's Name)     |          |
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| PICK-UP                                 | WAIT                | MAIL     |
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| (Bu                                     | siness Entity Nan   | ne)      |
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|                                         | cument Number)      |          |
| (50                                     | cument number,      |          |
|                                         |                     | <b>.</b> |
| Certified Copies Certificates of Status |                     |          |
|                                         |                     |          |
| Special Instructions to                 | Filing Officer:     |          |
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8/10/2021 Ht SECRETARY OF STATE

## COVER LETTER

|                  | gistration Se<br>vision of Cor |                                              |                                                                   |                            |                                                                                         |
|------------------|--------------------------------|----------------------------------------------|-------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------|
| 2115 H.C.        | EDGAR TI                       |                                              |                                                                   |                            |                                                                                         |
| SUBJECT          | :                              | Name of Limi                                 | ited Liability Company                                            |                            |                                                                                         |
| The enclose      | d Articles of                  | Amendment and feets) are sub-                | mitted for filing.                                                |                            |                                                                                         |
| Please retur     | n all correspo                 | ndence concerning this matter                | to the following:                                                 |                            |                                                                                         |
|                  |                                | EDGAR D MEJIA AMAY                           |                                                                   |                            |                                                                                         |
|                  |                                |                                              | Name of Person                                                    |                            | <del></del>                                                                             |
|                  |                                | EDGAR TILE LLC                               |                                                                   |                            |                                                                                         |
|                  |                                |                                              | Firm Company                                                      |                            |                                                                                         |
|                  |                                | 2326 E 112TH AVE                             |                                                                   |                            |                                                                                         |
|                  |                                |                                              | Address                                                           |                            |                                                                                         |
|                  |                                | TAMPA, FEORIDA 33611                         | 2                                                                 |                            |                                                                                         |
|                  |                                |                                              | City/State and Zip Code                                           |                            |                                                                                         |
|                  |                                | rosemariereachers a gmail.c                  | om<br>10 be used for future annua                                 | l report notificat         | aen)                                                                                    |
| For further      | information c                  | oncerning this matter, please ca             |                                                                   | ·                          |                                                                                         |
| ROSEMAI          | RIE G ROSER                    | RO                                           | 813 65                                                            | 52-5568                    |                                                                                         |
|                  | Name o                         | f Person                                     | Area Code                                                         | Daytime Te                 | lephone Number                                                                          |
| Enclosed is      | a check for th                 | ne following amount:                         |                                                                   |                            |                                                                                         |
| <b>■</b> \$25.00 | Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | 21 \$55.00 Filing Fee<br>Certified Copy<br>(additional copy is en |                            | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|                  | ailing Addres                  |                                              |                                                                   | Address:<br>ration Section | on                                                                                      |
|                  | _                              | orporations                                  | _                                                                 | on of Corpoi               |                                                                                         |

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

FILED 2021 AUG 27 AM 12: 34 SECRETARY OF STATE TALLAHASSEE, FISHER

EDGAR TILE LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company                                                                                                                                                                                                     | were filed on JUNE 15,2021                                       | and assigned                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------|
| Florida document number 121000277870                                                                                                                                                                                                                                |                                                                  |                                                      |
| 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" o                            | or the abbreviation "L.L.C."                         |
| Enter new principal offices address, if applicable:                                                                                                                                                                                                                 |                                                                  |                                                      |
| (Principal office address MUST BE A STREET ADDRESS)                                                                                                                                                                                                                 |                                                                  |                                                      |
|                                                                                                                                                                                                                                                                     |                                                                  |                                                      |
| Enter new mailing address, if applicable:                                                                                                                                                                                                                           |                                                                  | -                                                    |
|                                                                                                                                                                                                                                                                     |                                                                  |                                                      |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                          |                                                                  |                                                      |
|                                                                                                                                                                                                                                                                     |                                                                  |                                                      |
| B. If amending the registered agent and/or registered office a                                                                                                                                                                                                      | ddress on our records, enter th                                  | e name of the new registered                         |
| agent and/or the new registered office address here:                                                                                                                                                                                                                | <del> </del>                                                     |                                                      |
|                                                                                                                                                                                                                                                                     |                                                                  |                                                      |
| 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 Agent:                                                                                                                                                                                                     |                                                                  |                                                      |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office | performance of my duties, and<br>rovided for in Chapter 605, F., | I am familiar with and<br>S. Or, if this document is |

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         | JEZER S MEJIA AMAYA | 2326 E 112TH AVE | ■Add           |
|              |                     | TAMPA, FL 33612  | □ Remove       |
|              |                     |                  | □Change        |
|              |                     |                  | □Add           |
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| Effective date, if other than the o                                                                                        | date of filing:                |                                       | optional)                     |
| (If an effective date is listed, the date must Note: If the date inserted in this blo-document's effective date on the Dep | ck does not meet the applical  |                                       |                               |
| he record specifies a delayed effective ord is filed.                                                                      | date, but not an effective tim | ie, at 12:01 a.m. on the earlier c    | fi (b) The 90th day after the |
| Dated AUGUST 18                                                                                                            | 2021                           |                                       |                               |
|                                                                                                                            | W                              | <del>-</del> -                        |                               |
|                                                                                                                            | . ( :                          |                                       |                               |

Typed or printed name of signee