## h2200007663

(Requestor's Name)				
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2022 JUL -5 AMII: 49



## **COVER LETTER**

TO: Registration Se Division of Cor				
	ERVICES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	AMANDA NOGUEIRA			
		Name of Person		
	EZ ACCOUNTING & CO	NSULTING LLC		
		Firm/Company		
	13326 BLOSSOM VALLE	EY DR		
	<del></del>	Address		
	CLERMONT, FL. 34711			2022
		City/State and Zip Code		
	EZ_ACC@OUTLOOK.CO		<u> </u>	
	E-mail address: (	to be used for future annual report notifica	dion)	UL - <b>5 AH</b> LAHASSE
For further information e	concerning this matter, please c	all:		
AMANDA NOGUEIRA		407 230-3538		2022 JUL -5 RHII: 49
Name o	of Person		clephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
<u>Mailing Addre</u> Registration		Street Address: Registration Secti		
Division of Corporations		Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC TILE SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/29/2021	and assigned
Florida document number <u>L22000007663</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.C."
Enter new principal offices address, if applicable:		72.0
Principal office address MUST BE A STREET ADDRESS)	- <del></del>	F
		<u> </u>
		M & SSS
Enter new mailing address, if applicable:		Ser B
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registered office a agent and/or the new registered office address here:</li> </ol>	ddress on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	, Flori	idaZip Code
	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 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>	<u>Address</u>	Type of Action
MGR	YAHAIRA ELISA M. RIVERA	50 DINSMORE AVE APT 501	<b>\</b> Add
-		FRAMINGHAM, MA 01702-6015	□Remove
			☐ Change
			🗀 Add
			□Remove
			□Change
			LIAdd
			⊐Remove
			2022-100 F
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		🗆 🗆 Add	
		□Remove	
			□Change

Typed or printed name of signee