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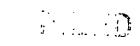
Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	AND TILE WORKS LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		RUDY Y CAC-BEB	
		Name of Person	
	MARBI	E AND TILE WORKS LLC	
		Firm/Company	
		925 S PINE ST	
		Address	
	LAK	CE WORTH, FL 33460	
		City/State and Zip Code	·
	E-mail address: (to be used for future annual repo	ort notification)
For further information c	oncerning this matter, please ca	all:	
RUDY Y CAC-BEB		561	452-7438
Name o	f Person	at () Area Code = [Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addre	
Registration S Division of C		Registratio Division o	on Section f Corporations
P.O. Box 6327			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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MARBLE AND TILE WORKS LLC

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

1854 LAMASS | 75

The Articles of Organization for this Limited Liability Company w	ere filed on	01/05/2022	and assigned
Florida document number <u>L22000013193</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the de	signation "LLC" or the a	bbreviation "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 adagent and/or the new registered office address here:	dress on our re	cords, <u>enter the паг</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
		Dlawista.	
	City	r 10710a	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>	Address	Type of Action
AP	FRANK JIMENEZ		□Add
		2210 NE 3rd Court Boynton Beach, FL 33435	≣Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
		<u></u> ,	□Remove
			□Change
			□Add
		□Remove	
			□ Change
			□Add
			Remove
			□Change

	•
Note	ctive date, if other than the date of filing:
f the rec ecord is	ord 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 filed.
Date	1 April 05. 2023
	Signature of a member or authorized representative of a member
	RUDY COC BEB

Filing Fee: \$25.00