L22000013193

(Requestor's Name)
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· ,
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(Document Number)
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COVER LETTER

Divisi	ion of Corp	oorations			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MARBLE /	AND TILE WORKS LLC			
SUBJECT: _		Name of Limi	ited Liability Company		
The enclosed A	Articles of F	Amendment and fee(s) are sub-	mitted for filing.		
Please return a	ll correspor	idence concerning this matter	to the following:		
		RUD	Y Y CAC-BEB		
	Name of Person				
		MARBLE	E AND TILE WORKS LLC		
			Firm/Company	·····	
	925 S PINE ST				
	Address				
		LAKE	E WORTH, FL 33460		
			City/State and Zip Code		
		rudyyohanan723@gmail.com			
			to be used for future annual report notifi	ication)	
For further info	ormation co	ncerning this matter, please co	nll;		
RUDY Y CA	AC-BEB		561 452-7438		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a c	heck for the	e following amount:			
≅ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ng Address		Street Address: Registration Sec	etian	
_	stration S sion of Co	orporations	Division of Corporations		
D () D . (227			11 1		

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARBLE AND TILE WORKS LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Fibrida Emited Emitary Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned
Florida document numberL22000013193
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered
agent and/or the new registered office address here:
Name of New Registered Agent:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
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 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>	Name	<u>Address</u>	Type of Action
MGR	Jonathan F Lopez-Cifuentes	515 Myflower Rd, West Palm Beaegh Fl 33405	= Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
			🗖 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove

<i>).</i> 11 410	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an effi Note:	ve date, if other than the date of filing:
ne record ord is fit	I 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 ed.
Dated ₋	May 16th 500\$
	Julyn 3
	Signature of a member or authorized representative of a member
	RUDY Y CAC-BEB Typed or printed name of signee