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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>UNO.</u> T	Name of Limi	LUENDMENT " IRTIC ited Liability Company	LES OF ORGANIZATIO
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	O NU	Name of Person	
	Пио	TILE USA 11 Firm/Company	<u>c</u>
	1521 ALTON	ROAD # 36 Address	55
	MIAMI BEACI	ナ , キレ , 33139 City/State and Zip Code	
	E-mail address: (t	3396MAIL. COM to be used for future annual report notif	leation)
For further information co	oncerning this matter, please ca	all:	
ONU P Name o	OYMAN f Person	at (678) 472 Area Code Daytime	- 1933 c Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status ATTACH&B CH∝ k	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32314

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

2022 APR -1 AM 8: 43 USA LIND TILE (Name of the Limited Liability Company as it now appears on our records. DECRETARY OF STATE (A Florida Limited Liability Company)

TALL AHASSEE FOR THE PROPERTY OF STATE OF S The Articles of Organization for this Limited Liability Company were filed on Allect, 14, 2022 and assigned Florida document number <u>L. 22000126768</u>. 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: New Registered Office Address: Enter Florida street address _, Florida ___ City

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 1	Type of Action
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Effec	tive date, if other than the date of filing:(optional)
	Tective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
	rd 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
rd is f	
	MIRCH 31st 2022
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Datec	WARCH SI
Datec	A South -
Datec	MARCH 31 st 2022 - Signature of a member or authorized representative of a member