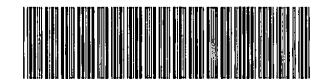
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Registration Section

Division of Co	rporations		· · · · · · · · · · · · · · · · · · ·
SUBJECT:	BRO	N TILE SOLUTIONS LLC	•
		Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	tted for tiling.	
Please (etum all correspo	ondence concerning this matter	the following:	
		NTHIA E. GREGORY	
		Name of Person	
		Firm/Company	
	415	ERNANDO STREET APT 1	
		Address	
		RT PIÈRCE, FL 34949 Jity/State and Zip Code	
	BROKEN	ILESOLUTIONS@GMAIL.C	ОМ
		e used for future annual report not	
on further information c	oncerning this matter, please ca		
СҮРТНА Е	. GREGORY	561 880-7474	
Name o	f Person		ne Telephone Number
netosed is a check for th	ne following amount:		
La \$25.00 Filing 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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassec e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROKEN TILE SOLUTIONS LLC

(Name of the Limi	ted Liability (A Florida L	Company majed Lial	as it now appe	ars on o	ur records.)		
The Articles of Organization for this Limited L. Florida document number 1.22000209719	iability Cor	ľ			MAY 3, 2022	an	d assigned
This amendment is submitted to amend the foll	owing:						
A. If amending name, <u>enter the new name o</u> N/A	f the limite	 <u>d Jiabilit</u> 	y company l	<u>here</u> :			
The new name must be distinguishable and contain the v	vords "Limited	I Liability	Company," the	designat	ion "LLC" or the	abbreviatio	m "L.L.C."
Enter new principal offices address, if applic	able:		N/A				
(Principal office address MUST BE A STREE					· · · · · · · · · · · · · · · · · · ·		•
		T			·		
Parameter of the state of the s			N/A				
Enter new mailing address, if applicable:		-			· · · · · · · · · · · · · · · · · · ·		<u> </u>
(Mailing address MAY BE A POST OFFICE)	<u> 80x)</u>	-					
		-					
B. If amending the registered agent and/or r	egistered o	 (fice add	ress on our i	records	s, enter the na	∴a me∙ofaha	∵newreg
agent and/or the new registered office addres	s here:				·		
Niggra of Nove Davi sout Langua	N/A); [t
Name of New Registered Agent:						*	
New Registered Office Address:	N/A		France U.		et address		
	N/A		7,9167-740	rian stret	er awarens	N T/ N	
	10/2	· · · · · · · · · · · · · · · · · · ·	City		Florida _	N/A Zip C	la
New Registered Agent's Signature, if changing R	egistered A	gent:	-			1.47	AII.
I hereby accept the appointment as registered provisions of all statutes relative to the propercept the obligations of my position as registeing filed to merely reflect a change in the resumpany has been notified in writing of this company has been notified in writing of this company has been notified.	r and completered agen registered p change.	olete per t as prov ffice ada	formance of sided for in (lress, I hered	f my du Chapte, by conj	ties, and Lam r 605 FS Or	familiar , if this a imited lia	with ar locumei ability
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MGR = M $AMBR = A$	lanager authorized Member		
Title	<u>Name</u>	Address	Type of Actio
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Carllie C. &	CYNTIIIA	horized represent E. GREGORY	,	er .	

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