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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	_
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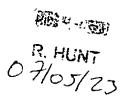
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COVER LETTER

TO: Registration S						
LIAM TII	LE & FLOORING INSTALLER	S LLC				
SUBJECT:	Name of Lim	ited Liability Company				
	f Amendment and fee(s) are sub	_				
Please return all corresp	ondence concerning this matter	to the following:				
	NOE MALCA					
		Name of Person		—		
	MALCA TAX SERVICES	SINC				
Firm/Company					(2) (2) (3)	
5245 RAMSEY WAY SUITE 7					,	
		Address		_)) 건설	j:	
	FORT MYERS FL 33907			0) (2) 1) (1)	PH	; [
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	MALCATAX@GMAIL.CO	OM to be used for future annual report no	otification)	. س	ယ	
For further information	concerning this matter, please c	all:				
NOE MALCA		239 810-8998				
Name	of Person	at () Area Code Dayti	me Telephone Numb	er	_	
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Focate of S and Copy and copy is	Status &	
Mailing Addre Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIAM TILE & FLOORING INSTALLERS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/04/2022}{1}$ and assigned Florida document number L22000210865 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LIAM TILE & FLOORING INSTALLERS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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:

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

Enter Florida street address

, Florida

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		
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Filing Fee: \$25.00