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COVER LETTER

Div	ision of Corp	oorations						
SUBJECT:	Mix Tiling,							
SUBJECT.	Name of Limited Liability Company							
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.					
		ndence concerning this matter						
		Ailiasi Cruz-Fernandez						
			Name of Person	····				
			Firm/Company					
		1341 Jecenia Blossom Dr						
		Address						
		Apopka FL 32712						
		City/State and Zip Code MixTiling@gmail.com						
		E-mail address: (to be used for future annual report no	tification)				
For further in	iformation co	ncerning this matter, please co	ill:					
Ailiasi Cruz-	-Fernandez		240 461-7038 at ()					
Name of Person		Area Code Daytii	me Telephone Number					
Enclosed is a	check for the	e following amount:						
\$25,00 F	iling Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

Mailing Address:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
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 JUN - 3 PM 12: 15

Mix Tiling, LLC (Name of the Limited Liability Company as it now appears on our records. FALLAHASSE The Articles of Organization for this Limited Liability Company were filed on May 13, 2022 and assigned Florida document number <u>L22000</u>225486 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 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 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>	<u>Name</u>	Address	Type of Action
AMBR	Mixelen Fernandez	1341 Jecenia Blossom Dr	■Add
		Apopka FL 32712	□Remove
			□Change
			□Add
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		<u></u>	2022	
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Note:	ve date, if other than the date of filing:	tional) ter filing.) Pursua his date will no	nt to 605. t be liste	0207 (3 d as th
he reco ord is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ed.	(b) The 90th o	lay after	the
Dated	May 27 . 2022.			
	Signature of a member or authorized representative of a member			

Filing Fee: \$25.00