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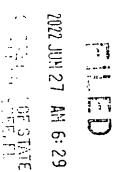
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A. EUTLL'SEP 2 2 2022

COVER LETTER

Division of Corporations
SUBJECT: 2.6. N Tile Installations Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David William Esnovol
David William EShovol Name of Person Z. E.N Tile Fristallations
Firm/Company
8235 SW 385H
Miami ff 33155 City/State and Zip Code Galactic fit Sagmail Com E-mail address: (to be used for finare annual report notification)
City/State and Zip Code Galactic fit Sagman Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Esnovol at (786) 792-1648 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount: [D \$25.00 Filing Fee
(additional copy is enclosed) 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 JUH 27 AM 6: 29

	SCORETA IN DE CIATE
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records: All All All All All All All All All Al
The Articles of Organization for this Limited Liability Company	y were filed on $6/21/2022$ and assigned
Plorida document number <u>L22000 2 8 16 93</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	760 COUNTRY WOODS CINCIE K155, mmee, FLOTIDA 34744
Principal office address MUST_BE A STREET ADDRESS)	16155/mmee Florida 34744
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	843 marquis court Kissimmee Florida 34759
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	imer i windi sireer dadi ess
	, Florida City Zip Code
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
			□ Remove
			□Change
			□Add
			□Remove
			□Change
		- A	□Add
			□Remove
			□Change
		 	□Add
			□Remove
			ClChange
 			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

menang un,	other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
-	
effective date is te: If the date i	Tother than the date of filing:
cord specifies a s filed.	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 6/6	23/2022 June 6-23-2022
	Signature of a member or authorized representative of a member
11/0	avid william Esnoval
₩ <u></u>	Typed or printed name of signee