L22000326127

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SECRETARY OF STATE TALLAHASSEE, FL

2022 SEP -6 PM12: 1

Creative Elite Tile, LLC Nicole Sandoval 3909 Reserve Dr. Apt. 1013 Tallahassee, FL 32311 (770) 710-5656

COVER LETTER

TO:

TO: Registration Se Division of Cor				
	lite Tile, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Nicole Sandoval			
		Name of Person		
		Firm/Company		
	3909 Reserve Drive	202		
		Address		
	Tallahassee, FL 32311			
	nicole.sandoval22@yahoo.e	City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information c	concerning this matter, please c	all:		
Nicole Sandoval		770 710-5656 at ()	_	
Name o	d Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 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		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee, I	rt 32314	24 LO (N. iMonto	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creative Elite Tile, 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 $\frac{7/22/22}{2}$ and assigned Florida document number L22000326127 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 "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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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

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 Nicole Sandoval	3909 Reserve Drive #1013	■ Add	
		Tallahassee, FL 32311	□Remove
			□Change
AMBR Jorge Sandoval	3909 Reserve Drive #1013	■ Add	
	Tallahassee, FL 32311	□Remove	
		□ Change	
		□Add	
			□Remove
		□ Change	
			□Add
			□Remove
		Change	
		□ Remove	
		Change	
			□Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	<u> </u>
(If an e <u>Note</u>	effective date, if other than the date of filing:
f the rece	ord 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 filed.
Date	September 1 2022 Signature of a member or authorized representative of a member
	Nicole Sandoval Typed or printed name of signee

Filing Fee: \$25.00