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COVER LETTER

TO: Registration S Division of Co		ì		
ADŖI & U	OAMI INSTALLATIONS LLC		:	
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	CELSO VIERA			
		Name of Person		
		Firm/Company		
	3706 BROADWAY APT	15		
		Address		
	FORT MYERS, FL 33901	H		
	FELIXSANJAVIER@GM	City/State and Zip Code AIL.COM	· · · · · · · · · · · · · · · · · · ·	
For further information of	E-mail address: concerning this matter, please c	to be used for future annual report no all:	tification)	
RUTH MOREIRA		561 9293328 at ()		
Name c	of Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADRI & DAMI INSTALLATIONS LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000474798}{1.22000474798}$	y were filed on 11/04/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
D&A TILE INSTALLATIONS LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he 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:		F L 2022 DEC 2 SE DEC A HA
(Mailing address MAY BE A POST OFFICE BOX)		% → II
		H 9: 5t
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	audress on our records, enter the	name of the new registere
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	1
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and Loprovided for in Chapter 605, F.S.	am familiar with and Or, if this document is
If Cha	nging Registered Agent, Signature of Nev	v 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>	<u>Address</u>	Type of Action
AMBR	ANDREA A. DASILVA	3706 BROADWAY APT 15	
	FORT MYERS, FL 33901	■ Remove	
			□Change
		·	□Add
			□Remove
			□ Change
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