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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: DG	Construction	& tile LLC			
	Name of Lim	ited Liability Company			
	mendment and fee(s) are sub	-			
	Dorjan G	Name of Person			
	DG Construct	rion ETILE U.C. Firm/Company			
	1739 E G	rove Hill Rd; For	ilm Harka	FL 3168	3-
	Palm Harbor	FL 34683 City/State and Zip Code			
	DORIAN 63 E-mail address: (ECISO GINGII. C	fication)		
For further information co	ncerning this matter, please ca	all:			
Dorjan Ge Name of	Person	at (917) 853 - Area Code Daytime	- 3557 e Telephone Number		
Enclosed is a check for the	following amount:			030 42	/d***** L
X \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	*
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Mailing Address: 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

	2 TILE LLC
(Name of the Limited I	Lability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of the DMG Construction &	
Enter new principal offices address, if applicabl	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>
B. If amending the registered agent and/or regi	stered office address on our records, enter the name of the new registered
agent and/or the new registered office address h	ere:
Name of New Registered Agent:	TA F
New Registered Office Address:	Enter Florida street address
	, 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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cord specifies s filed.	a delayed effecti	ive date, but no	ot an effective	time, at 12:01 a	i.m. on the earl	ier of: (b) T	he 90th d	ay after the
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