## 123000003175

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT: Mitch	rell's Tyle with	L Style ed Liability Company	
	rane of Emile	ed Elacinty Company	
The enclosed Articles of	Amendment and fee(s) are subm	sitted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Mitchell L	.c.n	
		Name of Person	<del></del>
		Firm/Company	
	2918 marst	bank Cd Address	
	Jacksonville	FL 3224	
	M, lein 000	FL 32224 City/State and Zip Code  Outlook.com be used for future annual report notif	(cotton)
For further information of	concerning this matter, please call		eation)
M; + chell L Name o	€· ∩ f Person	at (904) 303 Area Code Daytime	3716 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)

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

M; tchells tyle with Style (Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number L2300003175	on December 28, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
Mitchell's Tile with Style LLC The new name must be distinguishable and contain the words "Limited Liability Company	
	the designation "LLC" or the abbreviation "L.IC.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	.,, 52
Enter new mailing address, if applicable:	(V) Brench
Mailing address MAY BE A POST OFFICE BOX)	SO SO THE
THAT BE IT OST OF THE BOAY	
<del></del>	THE STATE OF THE S
B. If amending the registered agent and/or registered office address on	rig ω
gent and/or the new registered office address here:	our records, enter the name of the new registere
Name of New Registered Agent:	
N Davistana d OEE Addr	
New Registered Office Address:	tter Florida street address
	klarida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
			□Add
			Remove
		<del> </del>	
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			L'Add
			[]Remove
			☐ Change
<del></del>			
			□Remove
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
***************************************	
<del></del>	
Note: If the	date, if other than the date of filing: Tanuary 1 2023 (optional) be date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 me date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the selfective date on the Department of State's records.
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	January 17 . 2023.
	Signature of a member or authorized representative of a member
	M: tchell Len Typed or printed name of signee

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Filing Fee: \$25.00