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Division of Corporations

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Account Number : 120220000125 Phone : (239)494-0057

Fax Number : (239)913-6599

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EURO STONE, TILES & FAUCETS LLC

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COVER LETTER

	Registration Se Division of Co			•	
£1!D 1F7	***	EURO STONE, TILES & FAUCETS LLC Name of Limited Liability Company			
SUBJEC	.1:				
The encl	osed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		EL ZEIN, MAJED			
			Name of Person		
		EURO STONE, TILES &	FAUCETS LLC		
		Marin all hand day &	Firm/Company	···	
		3181 NORTH BAY VILL	AGE CT SUITE 200		
			Address		
		BONITA SPRINGS FLOR			
			City/State and Zip Code		
		tuoficinaemisa@gmail.com		•	
For furth	er information c	toncerning this matter, please c	to be used for future annual report notit all:	icanon)	
DAVID NOHRA ZAKIA		239 4940057 ait()			
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed	is a check for the	he foilowing amount;			
≌ \$25.0	00 Fifing Fec	□ \$30,00 Filing Fee & Certificate of Status	Ll \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	etion	
	Division of C		Division of Corp		
	P.O. Boy 632		The Centre of T		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EURO STONE, TILES & FAUCETS 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 $\frac{04/25/2023}{2}$ _____ and assigned Florida document number 1.23000204493 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 Lability Company," the designation "LLC" or the abbreyintion "L.L.C." 8005 NW 104TH AVE APT 24 Enter new principal offices address, if applicable: DORAL FLORIDA ZIP CODE 33178 (Principal office address MUST BE A STREET ADDRESS) 8005 NW 104TH AVE APT 24 Enter new mailing address, if applicable: DORAL FLORIDA ZIP CODE 33178 (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 new registered 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.

City

____, Florida ___

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EL ZEIN, MAJED	3181 N BAY VILLAGE CT SUITE 200	:DAdd
		BONITA SPRINGS FLORIDA ZIP CODE 34135	
			[] Change
MGR	DAVIÐ NOHRA ZAKIA	\$005 NW 104TH AVE APT 24	≣ Ad i
		DORAL FLORIDA ZIP CODE 33178	
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ective date, if other than the date	e of filing:
reffective date is listed, the date must be sp	pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,929 loes not meet the applicable statutory filing requirements, this date will not be listed a
nument's effective date on the Departi	
	e, but not an effective time, at 12:0 a.m. on the earlier of: (b) The 90th day after the
s filed.	
SEPTEMBER 17	2023
sed SEPTEMBER 17	
Signa	ntipe unitarienther or full or resentative of a member
Signa EL ZEIN, MAJED	thuc uter inember or lathoused supresentative of a member

Filing Fee: \$25.00