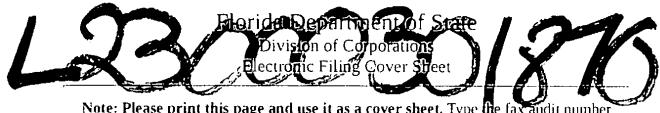
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000274118 3)))



H230002741183ABC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CROWN TILE AND FLOORING LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Crown Tile and Flooring LLC  |  |  |
|--|--|--|
| (Name of the Limited Liability Compar<br>(A Florida Limited L  | y as it now appears on our records.) lability Company)                           | <del></del>  |
| The Articles of Organization for this Limited Liability Company Florida document number L23000301870   |  | and assigned   |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited liabil  | li <u>ty company here</u> :  |  |
| The new name must be distinguishable and contain the words "Limited Liabili  | ty Company," the designation "LLC" or the abl                                    | previation "L.L.C."  |
| 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 acagent and/or the new registered office address here:  | ddress on our records, enter the name  | e of the new registered  |
|  | V.   | 22   |
| Name of New Registered Agent:  |  | 3  |
| New Registered Office Address:   | Enter Florida street address   | <del></del>  |
|  | Enter Florida street adaress   | 1  |
|  | City   | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:  | •  | <i></i> .<br>∴   |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am for<br>covided for in Chapter 605, F.S. Or, . | ee to aomply with the<br>imiliar with and<br>if this document is |

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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u>    | Address                  | Type of Action |
|-------|----------------|--------------------------|----------------|
| MGR   | Serkan Sahinoz | 7901 4TH ST N STE 300    | <b>∑</b> (Add  |
|       |                | ST. PETERSBURG, FL 33702 | □Remove        |
|       |                |                          | ☐ Change       |
| MGR   | Okay Renkliyuz | 7901 4TH ST N STE 300    | <b>}</b> %Add  |
|       |                | ST. PETERSBURG, FL 33702 | □Remove        |
|       |                |                          | □Change        |
|       |                |                          | □Add           |
|       |                |                          | □Remove        |
|       |                |                          | 「TChange       |
|       |                |                          |                |
|       | ··········     | □Remove                  |                |
|       |                |                          | □Change        |
|       |                |                          | □Add           |
|       |                |                          | □Remove        |
|       |                |                          | □ Change       |
|       |                | □Add                     |                |
|       |                |                          | □Remove        |
|       |                |                          | □Change        |

To: 18506176383

| Effective date, if other than the date of filing:  (If an effective 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 605.0 More: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisced document's effective date on the Department of State's records.  The record 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 ord is filled.  Dated  10807  2023  Augusture of a mentify or authorized representative of a mentifier. |   |   |     |
|--|---|---|-----|
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| Dated 08/07 2023   | (If an effective date is listed, the Note: If the date inserted i | date must be specific and cannot be prior to date of filing or more than $90$ days after filing.) Pursuant to $605$ , in this block does not meet the applicable statutory filing requirements, this date will not be liste |     |
| Dated 08/07 2023  Signature of a member or authorized representative of a member   |   | effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after   | the |
| Signature of a member or authorized representative of a member   | Dated 08/07   | 2023  |     |
| Signature of a member or authorized representative of a member   | <i>b</i>  | <u> </u>  |     |
| ,  | 1   | Signature of a member or authorized representative of a member  |     |
| Robin Jones  |   | •   |     |