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. <u>TI</u>	LE EMPIRE HOLDINGS DRPORATE NAME AND DOCUMEN	, LLC
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	STRUCTIONS:	

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	TILE EMPIRE HOLDI:	NGS, LLC	
<u></u>	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sul	_	
Please return all correspondence	ondence concerning this matter	to the following:	
	BARI DRORE		
	<u> </u>	Name of Person	
		Firm/Company	
	3309 ISLEWOOD AVE	NUE	
		Address	<u></u>
	WESTON, FL 33332		
	BARI@THETILEEMP		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	tification)
BARI DRORE		786 222-7692	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 SEP 17 AM 9: 38

TILE EMPIRE HOLDINGS.	LLC	- All 3-30
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our prida Limited Liability Company)	TALLAHASSEF, FI ODIO
The Articles of Organization for this Limited Liabilit		
Florida document numberL23000376859		
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
 If amending the registered agent and/or registe gent and/or the new registered office address here 	red office address on our records, <u>e</u> :	enter the name of the new regist
Name of New Registered Agent:		
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
MGR	AMIT DRORE	3309 ISLEWOOD AVENUE, WESTON, FL 33332	= Add
			□Remove
			□Change
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fectiv	ve date, if other than the da	ite of filing:		(6	ptional)	
an cífe <u>ote:</u> l	ective date is listed, the date must be If the date inserted in this block ent's effective date on the Depart	e specific and cannot be k does not meet the ap	plicable statutory	g or more than 90 days	after filing.) Purs	eant to 605.02 not be listed
record is file	f specifies a delayed effective d ed.	ate, but not an effecti	ve time, at 12:01	a.m. on the earlier o	f: (b) The 90t	h day after th
ated _	SEPTEMBER 16	. 2024	·			
		gnature of a member or				

Filing Fee: \$25.00