L24000 272 194



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	Mar Tile Granied Liability Company	DUP LLC
	Amendment and fee(s) are sub	-	
rease retain an correspo	indence concerning this matter	to the following.	
	Nath	Name of Person	
	Solutions C	aroup Accountin	g Firm LLC
		e Heathrow Lan	
	Heathrow	FL 327 ^L City/State and Zip Code	16
		City/State and Zip Code	
	E-mail address: (OSolutions gnysto be used for future annual report not	accounting. Com
For further information c	oncerning this matter, please c	all:	
Nath	un Green	at (321) 363 Area Code Daytim	3 - 498Z
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
№ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632	-	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

NO\$

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Newman Tile Group 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 6-14-2024 and assigned Florida document number 424 000 272194.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Newman Title Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Lake Mary F1, 32746
Enter new mailing address, if applicable:
(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 registere agent and/or the new registered office address here:
New Registered Office Address:
Enter Florida street address
City , Florida Zin Code
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

Title	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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<u>iote:</u> It t	late, if other than the date of filing:
l is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	June 18, 2024.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00