

W3000004139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

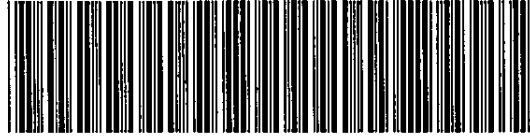
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

FEB 04 2015  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2015

LAURENCE J. HANCH  
2815 14TH STREET  
VERO BEACH, FL 32960

SUBJECT: H & V CERAMIC TILE CO., L.L.C.  
Ref. Number: L03000004139

We have received your document for H & V CERAMIC TILE CO., L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 715A00000393

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** H+V CERAMIC TILE CO., L.L.C.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURENCE HANCH  
Name of Person

H+V CERAMIC TILE CO., L.L.C.  
Firm/Company

2815 14th STREET  
Address

VENO BEACH, FL. 32960  
City/State and Zip Code

laurencehanch@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURENCE HANCH at (772) 633-8649  
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

\_\_\_\_\_  
**(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 February 3, 2003 and assigned Florida document number L 03000004139.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with 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)***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida

*City*

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**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 Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title                      Name                      Address                      Type of Action

OPERATIONS  
OFFICER

00      ANTHONY DI PASQUO      330 KEBN APT. A       Add  
SEBASTIAN, FL. 32958       Remove

OPERATIONS  
OFFICER

00      JESUS JAVIER CARRILLO      1855 45th AVE.       Add  
VERO BEACH, FL. 32966       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: 12-20-2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1-16-2015

Laurence J. Hanch  
Signature of a member or authorized representative of a member  
LAURENCE J. HANCH  
Typed or printed name of signee

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