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From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ANTHONY CUTTER TILE, LLC

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J. BRYAN

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EXAMINER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ANTHONY CUTTER TILE, LLC		8 (V) 151
	lability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab	bility Company were filed on 12/17/20	and assigned of
Florida document number L03000053776		8.
This amendment is submitted to amend the follow	ving:	SHOWS
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our r ce address here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
	(City)	, Florida (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 608, 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)

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Address</u> Type of Action <u>Name</u> MGRM JAMIE COSTELLO 135 NORTH WELLS STREET ₽ Add Remove PANAMA CITY BCH FL 32413 **BRITTANY ROBY** m[7] Add MGRM 135 NORTH WELLS STREET Remove PANAMA CITY BCH FL 32413 Remove Remove ☐ Add Remove □ Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated OCTOBER 9 2008 Signature of a member or authorized representative of a member ANTHONY P CUTTER Typed or printed name of signee

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