

L14000052728

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6393

From: Account Name : ACCOUNT BOOKKEEPING CORP  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LRP TILE LLC

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TALLAHASSEE, FLORIDA

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JUL 29 2014

S. YOUNG

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LRP TILE LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

ROBSON PEREIRA CORREA  
Name of Person  
LRP TILE LLC  
Firm/Company  
4425 S KIRKMAN RD APT 202  
Address  
ORLANDO, FL 32811  
City/State and Zip Code  
INFO@ABKCORP.COM  
E-mail address: (to be used for future annual report notification)

FILED  
14 JUL 28 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANDREA PINE      407      898-1757  
Name of Person      Area Code      Daytime Telephone Number

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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LRP TILE 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 04/01/2014 and assigned Florida document number L14000052728

This amendment is submitted to amend the following:

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

FRIEND'S SERVICES LLC

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:

CORREA, ROBSON P

New Registered Office Address:

4425 S KIRKMAN RD APT 202

*Enter Florida street address*

ORLANDO

*City*

Florida 32811

*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.*

*Robson P. Correa*  
If Changing Registered Agent, Signature of New Registered Agent

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14 JUL 25 PM 10:05  
TALLAHASSEE  
SECRETARY OF STATE

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

AMBR	CARLOS E PLANAS		<input type="checkbox"/> Add
------	-----------------	--	------------------------------

Remove

AMBR	DA SILVA, JULIMARA	4425 S KIRKMAN RD	<input checked="" type="checkbox"/> Add
------	--------------------	-------------------	---

		APT 202	<input type="checkbox"/> Remove
--	--	---------	---------------------------------

		ORLANDO, FL 32811	
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AMBR	DA SILVA, WILSON LUIS	4425 S KIRKMAN RD	<input checked="" type="checkbox"/> Add
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		APT 202	<input type="checkbox"/> Remove
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		ORLANDO, FL 32811	
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Add

Remove

Add

Remove

Add

Remove

FILED  
 16 JUL 2015  
 TALLAHASSEE, FL  
 CLERK OF DISTRICT COURT  
 1100 W. GADSDEN ST.  
 TALLAHASSEE, FL 32304

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

Four horizontal dotted lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 JULY 28 2014

*Robson Pereira Correa*

Signature of a member or authorized representative of a member

ROBSON PEREIRA CORREA - AMBR

Typed or printed name of signer

FILED  
14 JUL 28 09 46 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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