(Requ	uestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	

L. SELLERS APR 28 2010

EXAMINER

Office Use Only



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04/25/10--01043--003 **30.00

Tallahassee, FL 32314

TO: Registration Division of C			. "
SUBJECT:	James Field	Tile & Marble, LLC	
SUBJECT.		ted Liability Company	
	of Amendment and fee(s) are sub		
		James Field	
		Name of Person	
	James	s Field Tile & Marble, L	LC
		Firm/Company	
	/	PO Box 8785	
	, , , , , , , , , , , , , , , , , , ,	Address	
	Ja	City/State and Zip Code	
	iam	esfieldtile@comcast.ne	•
	E-mail address: (to be used for future annual report	notification)
For further information	n concerning this matter, please o	eall:	
	James Field	at (_904)	545-7831
Nam	e of Person	Area Code & D	aytime Telephone Number
_	r the following amount:	Mass on Piller Bar a	Files of Ellins Fas
\$25.00 Filing Fee	✓\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
~	ILING ADDRESS:	ፍጣው ፑ ውጥ /ሶሳ	OURIER ADDRESS:
Regi	stration Section	Registration S	ection
	sion of Corporations Box 6327	Division of C Clifton Buildi	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

James Field Tile 8	& Marble, Ll	LC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appea ability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company v	were filed on	Jan 31, 2010	and assigned
Florida document number L03000049374			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	<u>ity company he</u>	re:	
The new name must be distinguishable and end with the words "Limite" L.L.C."	nd Liability Comp	any," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
NA			- All'-18-3-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
N/A		<u>. </u>	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		our records, <u>enter th</u>	e name of the new
NA		7	10 SE
Name of New Registered Agent:		<u>-</u>	
New Registered Office Address:			> N
	Er	nter Florida street addr	* 1 ********
		Florida	
	City	, ;	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		5	āmi O P

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

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>Name</u>	Address	Type of Action
MGRM	Sharon L. Field	6642 losa Drive Jacksonville, FL 32277	Add Remove
			Add Remove
			Add Remove
	nding any other information, enter Adding Sharon L. Field, as a M	r change(s) here: (Attach additional sheets, if necessary.) Managing Member of the LLC	
- -			
-			<u> </u>
Dated	April 20	2010 member or authorized representative of a member	
		James Field	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00