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EXAMINER



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DIVISION OF CORNERATION

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Asphat Textures, LLC (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:				
George Roberts (Name of Person)				
(Firm/Company)				
3510 Fox Run Blvd.				
Panama City Beach, FL 32408 (City State and Zip Code)				
For further information concerning this matter, please call:				
George Roberts (Name of Person) at (850) 75 527-4115 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

Asphalt Te	xtures, LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on o orida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>LO3000018</u>	lity Company were filed on 50	7 03 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and end with th	ne words "Limited Liability Company," th	ne designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:	01VISE	
(Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	16 PH 2: 23	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:	/E P	l	
	(Enter Florida street address)		
-	(City)	, Florida(Zip Code)	
	(Cny)	(Lip Couc)	

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)

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> Add Remove 🗂 Add Remove ☐ Add Remove _ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00