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SECRETARY OF STATE
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ANASSEE FLORIDA

M. THOMAS

MAR - 9 20.09

EXAM:

TO: Registration Sec Division of Corp			•	
suвjecт: <u>Beach T</u>	o Bay Tile & Stone, (Name of Limi	, LLC ited Liability Company)		0
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Amanda Baker	(Name of Person)		
	Beach To Bay Tile & Stor	ne, LLC		
		(Firm/Company)		<u>9</u>
	480-3 Mussett Bayou Rd			SECRETA
		(Address)	7	
	Santa Rosa Beach, FL 32	2459 (City/State and Zip Code)		
For further information co	ncerning this matter, please ca			OF STATE
Amanda Baker		at ( 850 ) 419-1832		
(Name of	Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for the	e 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 of Certified Copy (additional copy is en	

## 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

Beach To Bay Tile & Stone, LLC		<u> </u>	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	1	
The Articles of Organization for this Limited Liability Company	y were filed on 12/12/2003	and assigned	
Florida document number 1.03000054932			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
Beach To Bay Property Services, LLC			
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		一点。	
		でんつく	
Enter new mailing address, if applicable:		A D. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	LOST D.	
		Set in	
B. If amending the registered agent and/or registered o		er the name of the new	
registered agent and/or the new registered office address he	<u>re</u> :		
N 6N B 14 14			
Name of New Registered Agent:	1.1.		
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida		
*** *** ******************************	(Citv)	(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)

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 = Ma MGRM = I	anager Managing Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
	17.11		Add Remove
			Add Removes
<del></del>			AR-6 H
			Adapte Reminder
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
_			
Dated Febru	Olin Dalin	r or authorized representative of a member	<del></del>
	Amanda Baker, MGRM	•	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00