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SECRETARY OF STATE

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 19, 2008

KEN WILHELM 1215 NW 94 ST. GAINESVILLE, FL 32606

SUBJECT: FLORIDA TILE SOLUTIONS, LLC

Ref. Number: L04000022531

Upon receipt of your letter and/or check(s) totaling \$30.00, no document was found. Please send your document with any fees due to:

> **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 508A00057818

COVER LETTER

TO: . Registration Section **Division of Corporations**

PERFORMANCE PAVERS & TILE 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:

KENNET J. WILHEIM
(Name of Person)

PERFORMANCE PAVERS \$+ILE LLC

(Firm/Company)

GAINES VILLE FLA 32606

(City/State and Zip Code)

For further information concerning this matter, please call:

KEN WILHELM

6300

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

४\$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) 5

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

+loeid 1:14	e Solution	S. LLC
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on ou ited Liability Company)	<u>ur re€ords.</u>)
The Articles of Organization for this Limited Liability Com Florida document number <u>Lo4-22531</u> .	ipany were filed on 11-15	5 - 0 8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited PERFOR MANCE PAVER		L.L.C."
The new name must be distinguishable and end with the words 'L.L.C."		CT ·
Enter new principal offices address, if applicable:	1215 NW GAINESVIL	94 %
(Principal office address MUST BE A STREET ADDRES		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	<u>KEN U</u>	COMMON 25 PH SECRETARY OF SECRETARY OF SECRETARY
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our re <u>s here</u> :	RA ?
Name of New Registered Agent:		
New Registered Office Address:	(Enter Fl	orida street address)
	·	, Florida
	(City)	(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)

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 = M	nager Tanaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Remove
	•		TASE NOV 2
		000 000 000	25 C Add Move M
		GRIDA	2: 50 dd
D. If amon	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	Remove
	ung any other miormation, enter char	ige(s) nere: (Anach daumonat sheets, y necessary.)	
			
_			 .
Dated	11-22 08 <u> </u>	J. Wilhelm	
	Signature of a memb	per or authorized representative of a member	
į	Туро	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00