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## **COVER LETTER**

TO? Registration Section Division of Corporations
SUBJECT: Robert Grigsby Tile LLC Name of Limited Hability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Grigsby Name of Person
Robert Grigsby Tile UC
9027 Old Lloyd Rd
Monticello FL 32344 City/State and Zip Code
Grigsby 2006 a embargmail-com  E-mail address: (to/be used for future annual report notification)
For further information concerning this matter, please call:
Robert Grigsby at 859 251-0035  Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\text{S55.00 Filing Fee & Certificate of Status}\$  \$55.00 Filing Fee \$\text{Certified Copy (additional copy is enclosed)}}  \$60.00 Filing Fee \$\text{Certificate of Status & Certified Copy (additional copy is enclosed)}}  \$\text{Certified Copy is enclosed}\$

### MAILING ADDRESS:

' TO?

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

Kobert (	JO OS	Dy I	on our records		<u> </u>	
( <u>Name of the Limited Liab</u> (A Flori	da Limited Liability	Company)	on our records	<u></u> )		
The Articles of Organization for this Limited Liabilit		led on <u>10</u>	104 20	<u>. Ро</u>	nd ass	igned
This amendment is submitted to amend the following  A. If amending name, enter the new name of the		mpany here				
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liab	ility Compan	y," the designati	on "LLC" o		abbreviation
Enter new principal offices address, if applicable:					80 90	eneckarit
(Principal office address MUST BE A STREET AL	DRESS)			2011 2012	<u> </u>	in minima I
				<u> </u>	۵	
				97gz	1 He	्राच्या इसम्बद्ध
Enter new mailing address, if applicable:				5:	₩. ••••••••••••••••••••••••••••••••••••	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>			五月		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		dress on ou	r records, <u>en</u>	ter the na	ime o	f the nev
Name of New Registered Agent:		•				
New Registered Office Address:		Ente	r Florida stree	t address		
			¥78 * 1			
·	City	<del></del>	, Florid		2 Code	<del></del>

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 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 = Mana MGRM = Ma	iger naging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Windela Grigsby	9027 old Lloyd Rd Monticello FL 32344	Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
<u>-</u>			Add Remove
			Add Remove
D. If amending	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	10 OCT
			HO WITH 61
Dated	ctober 14,201		FEGREDA STATE OF THE STATE OF T
-	Robert	or pathorized representative of a member  G 1 9 5 6  or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00