

LD5000012414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

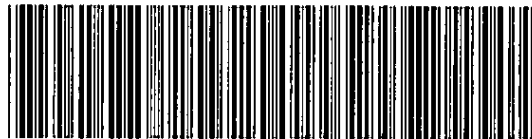
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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25

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Artisan 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:

Allan B. Pitts  
Name of Person

Artisan Tile, LLC  
Firm/Company

418 lafayette st.  
Address

port orange, FL 32127  
City/State and Zip Code

Allanbpitts@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allan B. Pitts 386 562-3963  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Artisan Tile, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/31/2005 and assigned  
Florida document number L05000012414.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>                         | <u>Type of Action</u>                   |
|--------------|---------------|----------------------------------------|-----------------------------------------|
| AMBR         | Alec B. Pitts | 418 Lafayette st, Port orange FL 32127 | <input checked="" type="checkbox"/> Add |
|              |               |                                        | <input type="checkbox"/> Remove         |
|              |               |                                        | <input type="checkbox"/> Change         |
|              |               |                                        | <input type="checkbox"/> Add            |
|              |               |                                        | <input type="checkbox"/> Remove         |
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|              |               |                                        | <input type="checkbox"/> Change         |

SECRETARY OF FLORIDA  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-12-2021 BY 60322

2021 OCT 12 PM 1:33

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 OCT 12 PM 1:34  
SECURITY DIVISION  
TALLAHASSEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated September 27 / 2021

*ABH*

Allan B. Pitts

Typed or printed name of signee