# 105000066556

. (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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MAY 0 4 2017 S. YOUNG SECRETARY OF STATE TALLAHASSEE, FLORID

# **COVER LETTER**

TO: Registration Section Division of Corporations		N P	
	Calloy Tile	LLC	
The enclosed Articles of Amendment and fee(s) are submitted.  Please return all correspondence concerning this matter to the	_		
Larry	Malloy Name of Person		
Lawrence	E Malloy Firm/Company	Tile, LLC	
2876 Te	erritory Rd Address H		SECR
<u>Chipley</u>	FL 3242 City/State and Zip Code	8	CRETARSE
	rofloors plus e used for future annual report noti	fication)	3 PH 3: 34
For further information concerning this matter, please call:	·		3
Larry Malloy Name of Person		66-5098  Telephone Number	
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\Bigcup \$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	

## 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

Name of the Limited L.	ce E Malloy Tile LLC  Inbility Company as it now appears of our records.)  Plorida Limited Liability Company)
	lity Company were filed on $6-30-05$ and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
-	"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 A	DDRESS)
Enter new mailing address, if applicable:	THE PART OF THE PA
(Mailing address MAY BE A POST OFFICE BO)	X) EEG
	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
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>	Address	Type of Action
AMKK	Jerry A. Evans	3132 Lucas Lake Rd	
		3132 Lucas Late Rd Chipley FL 32428	Remove
			☐ Change
			Add
	•		□ Remove
			Change
			□ Add ZS
			□ Remove
			Change Fig.
			Change 3: 34
			□ Remove
			Change
			Add
			Remove
			Change
			D Add
			□ Remove
			Change

<b>F</b>
, J
2 PM 3: 34
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Page 3 of 3

Filing Fee: \$25.00