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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 0 4 2008

EXAMINER

COVER LETTER

TO:

TO: Registration of Division of	n Section , Corporations	
SUBJECT: LABI	LLE BRICK PAVERS & TILE, LLC	
	(Name of Limited Liability Company)	
	s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following:	
	James H. Siesky	
	(Name of Person)	
	Siesky, Pilon & Potter	
	08 SECO	
	FILED OV -3 MI TARY OF ST	
	Naples, FL 34102	
	(City/State and Zip Code)	(A) (B) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S
For further informat	on concerning this matter, please call:	9
James H. Siesky	at (_239) 263-8282 ext 301	
(N	ime of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check	or the following amount:	
☑ \$25.00 Filing Fe	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &
Ro Di P.	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Clifton Building Clahassee, 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

LABELLE BRICK PAVERS & TILE, LLC

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

•	1 27		
The Articles of Organization for this Limited Liability Company	and assigned		
Florida document number <u>L05000101249</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Gulf Coast Pavers, L.L.C.			
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the design	ation "LLG" or the abbreviation	
Enter new principal offices address, if applicable:	5500 TAYLOR ROAD	ARE NO	
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34109	SS T	
		3 L	
		CO ME D	
Enter new mailing address, if applicable:	5500 TAYLOR ROAD	10: 5 10: 5	
(Mailing address MAY BE A POST OFFICE BOX)	NAPLES, FL 34109	9	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	/F · · · · Fl · · · · ·		
	(Enter Florida street address)		
	, Flor		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	1		

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.

1f 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 = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> <u>Address</u> ☐ Add Remove ☐ Add Remove Add 🗂 Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, Dated October Signature of a member or authorized representative of a member Danny R. Henthorne, Managing Member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00