

106 000020187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

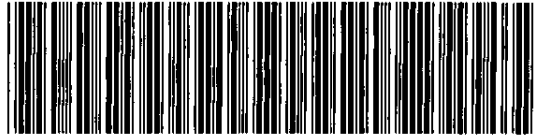
(Business Entity Name)

(Document Number)

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2008 FEB 22 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 25 2008

EXAMINER



Law Office of
MICHAEL GONZALEZ, P.A.

February 15, 2008

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

RE: Roof Tile Replicator, LLC
FL. Document #: L06000020187

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to the Articles of Organization for the Roof Tile Replication, LLC to change the name to Roof Tile Replicator, LLC, along with the \$25 filing fee.

Sincerely,


Michael Gonzalez, Esq.

cc.  George Hunter, Esq.

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FEB 22 AM 10:05
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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROOF TILE REPLICATION 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:

JIMMIE GILES JR
(Name of Person)

ROOF TILE REPLICATOR LLC
(Firm/Company)

324 N DALE MABRY
(Address)

TAMPA FL 33609
(City/State and Zip Code)

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2008 FEB 22 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JIMMIE GILES at (813) 676-1900
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
☐ \$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)

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**

ROOF TILE REPLICATION 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 FEB 23, 2006 and assigned
Florida document number L06000020187.

FILED
2006 FEB 22 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

ROOF TILE REPLICATOR LLC

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

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: MICHAEL GONZALEZ, ESQ.

New Registered Office Address: 202 SOUTH MOODY AVE
(Enter Florida street address)

TAMPA, Florida 33609
(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)

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 = Manager

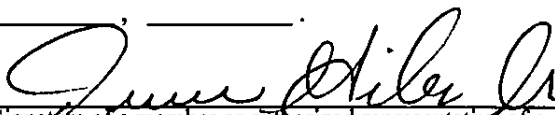
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	NO CHANGES PAGE 2		<input type="checkbox"/> Add
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2006 FEB 22 09:06

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____


 Signature of a member or authorized representative of a member

JIMMIE GILES JR

Typed or printed name of signee