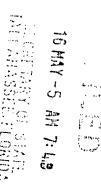
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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	SOS TILE IN				
2 42 0201		Name of Limited Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	dence concerning this matter t	o the following:		
		ALAN R SCHUTTE			
			Name of Person		
SOS TILE INSTALLATION, LLC					

	609 GAP CREEK ROAD Address FORT WALTON BEACH, FL 32548				
			City/State and Zip Code		
		E-mail address: (to	be used for future annual report notifica	ation)	
For further in	oformation con	ecerning this matter, please cal	11:		
ALAN R SC	HUTTE		850 549-7240 at ()		
	Name of I	Person	at () Area Code Daytime T	elephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling 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:

TO:

Registration Section

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

SOS TILE INSTALLATION, LLC

(A Florida Limit	mpany as it now appears on our reted Liability Company)	<u>:::01 us.</u>)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{08/15/2006}{}$ Florida document number $\frac{L06000080558}{}$					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	iability company here:				
The new name must be distinguishable and contain the words "Limited L	iability 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))	5 5			
		हिंदी के कि			
Freton more marking address of annula black					
Enter new mailing address, if applicable:		The Prince of the second			
(Mailing address MAY BE A POST OFFICE BOX)					
		ह्य ६व			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ords, enter the name of the			
Name of New Registered Agent:					
New Registered Office Address:	,				
New Registered Office Address:	Enter Florida street a	Adress			
New Registered Office Address:		, Florida			
New Registered Office Address: New Registered Agent's Signature, if changing Registered Age	City				

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

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>	Name	Address	Type of Action
MGR	ALAN R SCHUTTE	609 GAP CREEK ROAD	□ Add
		FORT WALTON BEACH, FL 325	■ Remove
			☐ Change
•			
			Remove
			Change
			Add
			Remove
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				All Jan		
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an effective date is listed, the date must be specific and cannot be properties. If the date inserted in this block does not meet the approximation.						
document's effective date on the Department of State's recor			,			
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e record specifies a delayed effective date, but The 90th day after the record is filed.	not an err	ective time,	at 12:01 a	.m. on t	ine ea	iriier
MAY 2						
Dated MAY 2, 2016	·					
a. h .						
Signature of a member or a						

Page 3 of 3

Filing Fee: \$25.00