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SECRETARY OF STATE

T. HAMPTON

MAR - 3 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Kenny Jo			
	(Name of Lin	nited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspon	ndence concerning this matte	r to the following:	
	Megan Johnson		
		(Name of Person)	
	Kenny Johnson's Til		
		(Firm/Company)	
	23 Miracle Drive		
		(Address)	
	Mary Esther FL 325	69	
		(City/State and Zip Code)	<del></del>
For further information co	oncerning this matter, please	call:	
Megan Johnson		at (850 ) 699-8479	
(Name o	f Person)	. (Area Code & Daytime T	relephone Number)
Enclosed is a check for the	e 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 FEB 29 PM 2: 51

Kenny Johnson's Tile, LLC		
(Name of the Limited Li	ability Company as it now appears on our reco orida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liab	ility Company were filed on <u>09/20/2006</u>	and assigned
Florida document number <u>L06000092370</u>		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the desig	nation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida s	street address)
	. Flo	orida
	(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 **Address** Type of Action <u>Title</u> <u>Name</u> **MGRM** Nathan Leo Nichols 152 Deville Drive ✓ Add Remove Mary Esther FL 32569 Add Remove Add Remove ☐ Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February 26 2008 Signature of a member or authorized representative of a member Kenneth C. Johnson Jr.

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00