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SECRETARY OF STATE
ONVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Patrice Tile Co. 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:
Nicholas W Patricic
Patrick Tile Co LLC Firm/Company
3008 U La Rua St.
Pensacola, F. 32505  City/State and Zip Code  Patrick Tile Co-Psmail.com  B-mail address: (to be used for future anama report notification)
For further information concerning this matter, please call:
Ausela Patrick at (850) 3840881  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
22.5.50 Filing Fev. D \$30.00 Filing Fee. & D \$55 the fiding review Certificate of Status & Certified Copy (adminishing copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COUR!ER ADDRESS:

Registration Section Division of Corporations Cuitton Building 2651 Executive Center Circle Tatlahassec, 41, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Patrick</u> Jila	- Co'L	LC			
(Name of the Limit	ed Liability Compat (A Fierida Limited L	ny as it now apurars of liability Company)	n ou <u>c records.</u> )		
The Articles of Organization for this Limited E. Florida document number <u>L 0 7 0 00</u>	iability Company	were filed on <u>5</u>	1/24/0-	and assign	⊫eď
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liabi	lity company here	:		
The new name must be disringuishable and contain the w	ords "Lanitea Liabii	ity Company." the desig	gnation "LLC" or the al	obveyiation "L.L.C	
Enter new principal offices address, if applie	able:				
(Principal office address AUST BE A STREE	T.ADDRESS)			<del></del>	9
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	BOX;	3000 A	٦, ن ,Ω	- MAY - 9 AF	SECRETARY OF
B. If amending the registered agent and		fice address on o	ur records, enter	the name of	STATE new
registered agent and/or the new registered of	Nice address here	2:			
Name of New Registered Agent:	Nich	olas W.	Patric	<u>k</u>	
New Registered Office Address:	<u>_300</u> 8	Lu Lu Enier Florida	Rug St.		
	Pensa	cola:	, Florida	<u> 2</u> 2 <i>50</i> Zip Code	5

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 505, 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	
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