## W800009166

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	uless)	
(Cit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
. (Pu	siness Entity Nam	na)
(00	Silless Endty Nam	, .
(Do	cument Number)	;
.Certified Copies	_ Certificates	of Status
<u></u>		
Special Instructions to	Filing Officer:	
,		

Office Use Only



400158535554

07/20/09--01017--018 \*\*35.00

DOD JUL 20 AM IO: 3

M. THOMAS
JUL 2 2 2009
EXAMINER

## **COVER LETTER**

TO: \*Registration Section **Division of Corporations** SUBJECT: PARADISE CERAMIC TILE & MARBLE ENTERPRISE 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: JENNIFER AGUIAR Name of Person Firm/Company 213 Solano Cay Cir Address Ponte Vedra Bch, FL 32082 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JENNIFER AGUIAR 405-0507 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**

PARADISE CERAMIC TILE & MARBLE ENTERPRISE LLC

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

(A Florida Limited Liability Company)

Florida document number L0800000	9166					
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company here:				
		EMODELING, LLC				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company,"	the designation "l	LLC" or the a	abbreviation	
Enter new principal offices address, if applicable:		213 Solano Cay Cir				
(Principal office address MUST BE A STREET ADDRESS)		Ponte Vedra Bch	, FL 32082	SECI	7000	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/registered agent and/or the new registered of	or registered of		ı, FL 32082	RETARY OF STATE	<del>)</del>	
Name of New Registered Agent:	JENNIFER AGUIAR					
New Registered Office Address:	Cay Cir					
	Enter Florida street address					
	Ponte Vedra Bch City		, Florida	, Florida 32082 Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	proper and comp istered agent as registered office	lete performance of n provided for in Chapt	ny duties, and L er 608, F.S. Or,	am familiar if this doct	with and ament is	

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member Type of Action **Title** <u>Name</u> **Address** MGRM JENNIFER AGUIAR 213 Solano Cay Cir **✓** Add Ponte Vedra Bch, FL 32082 Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated Duly 16 Signature of a member or authorized representative of a member JENNIFER AGUIAR Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00