## 108000045966

(Requestor's Name)				
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M.MHANNAS

SEP - 5 2008

CEXAMNER

## **COVER LETTER**

Division of Cor		·		
SUBJECT: D-N	-A Tile, LLC	•		
SUBJECT:		nited Liability Company)		
	Amendment and fee(s) are sub-	-		
Please return all correspo	ondence concerning this matter	to the following:		
	Marv	in E. Pittman		
		(Name of Person)		
	Marv	in E. Pittman, Accoun (Firm/Company)		,
	1900	Hwy 87 Ste F	5.80 5.80	
·		(Address)	FAR YE	卫
	Nava	rre, FL 32566	505	E
		(City/State and Zip Code)	E Q	
For further information of	concerning this matter, please of	call:	OB SEP -4 AM IN CONTRACTOR OF STATE FLORIDA	; ي پ
	n E. Pittman	at ( 850 ) 939-3261		
(Name	of Person)	(Arca Code & Daytime 7	Celephone Number)	
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□S55.00 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
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D-N-A Tile	LLC .		
(Name of the Limited Liabili	ty Company as it now appears (a Limited Liability Company)	on our records.)	<del></del>
1/1 10/102	Cumico Claomy Company)		
The Articles of Organization for this Limited Liability	Company were filed on May	7, 2008	and assigned
Florida document number <u>L08000045966</u>			
·		·	
This amendment is submitted to amend the following:			خەن <sub>قىر</sub>
A. If amending name, enter the new name of the li	mited liability company here:		<b>'</b> .
•			09
The new name must be distinguishable and end with the w	ords "Limited Liability Company	y," the designation "I	
"L.L.C."		J	经 工
Enter new principal offices address, if applicable:			弱一
(Principal office address MUST BE A STREET ADD	DECC)		FE PLS
(Frincipal office duaress most be A STREET ADI	JKE33/		
			500
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg	istered office address on ou	r records, <u>enter (</u>	the name of the new
registered agent and/or the new registered office ad	ldress here:		
Name of New Registered Agent:			
New Registered Office Address:			
(	(Ente	er Florida street ad	dress)
	(Citv)	, Florida	(7:- (7-1)
	iCità		(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>	Address	Type of Action
MGRM	Johnny L Soders	2765 Ola Broxson Rd	Add
		Navarre, FL 32566 US	Remove
	•	1262 Roosevelt Ave	
MGRM	Andre Clark	Baker, FL 32531 US	<b>X</b> Add Remove
			<del></del>
			Add Refflore
			ALECT REPOVE
			The state of the s
			Remo
			ID: 23
			Remove
	•		Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necess	earyi.)
_		· · · · · · · · · · · · · · · · · · ·	<del></del>
_			
-			
_			
Dated 5	EPTEMBER 2	2008	
	TEPTEMBER 2		
		nber or authorized representative of a member	
	Derek	Gomes	,

Page 2 of 2

Filing Fee: \$25.00