## U90001125166

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**EXAMINER** 

## **COVER LETTER**

Division of Co						
SUBJECT:	Proven	cher Tiles LLC				
SUBJECT:		ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:				
		Debbie Lee		_		
		Name of Person				
	W	Vyrough Law Firm P A		_		
		Firm/Company				
10859 Emerald Coast Pkwy W, #204 - 426				,	_	
		Address		NILV SEC	0 60	unation to
	Mir	ramar Beach FL 32550.		AHAS:	09 DEC - 1	
		City/State and Zip Code		SSEE		
	debb	nie-lee@embarqmail.com to be used for future annual report noti	lication)	9F S	A	}
For further information	concerning this matter, please of	•		STATE	AH 10: 24	
	Debbie Lee	at (_850 )	650-7797			
Name	of Person	Area Code & Daytin	nc Telephone Numb	er		
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	d) Certifie	iling Fee, cate of Statu ed Copy onal copy is		sed)
Regis Divis ' P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Section Division of Corporation Building 2661 Executive Country Tallahassee, FL 32	on rations enter Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Provenche	r Tiles LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on Noven	nber 19, 2009	_ and assigned
Florida document numberL09000112566			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Provencher	Piles LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," th	ne designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADDRESS)			090
		Him A A	
		iser See	- 1
Enter new mailing address, if applicable:		P.S.	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	85	<u>5</u> D
			-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ecords, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street addres	'S
		, Florida	77) O I
	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 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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Remove
			□ Damaya
	- <del></del>		
			Damara
<del></del>	<del></del>		<b>—</b>
D. If amend	ding any other information, en	ter change(s) here: (Attach additional sheets, if n	necessary.)  Og DEC  ALLAHAS
			TEE, FLORIDA
Dated	November 24		r
	Signature of	a member of amhorized representative of a member	
		Jeff Provencher Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00