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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corporations
SUBJECT: L&P Tile 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:
Taylor Porker Name of Person LAP Tile LLC Firm/Company
Firm/Company
343) 49+ S). Address
Sarasota, Fl. 34235 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pegy Parker a1 (941) 650-8838
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ \$\text{ \$\te

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limite	d Liability Company as it i A Florida Limited Liability (now appears on our reco	ords.)			
(A Florida Limited Liability	Company)				
The Articles of Organization for this Limited Lia	ability Company were fi	led on $1-31-$	2011	and	l assi	gned
Florida document number <u>L 11000012.</u>	392					
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liability co	mpany here:				
The new name must be distinguishable and contain the wo	ords "Limited Liability Comp	pany," the designation "L	LC" or the abl	oreviation	n "L.L	C."
Enter new principal offices address, if applica	ble:		·	15°C.	5	
(Principal office address MUST BE A STREET	(ADDRESS)			<u> </u>		
				<u> </u>	S Se	<u> </u>
					9	-
Enter new mailing address, if applicable:					3	
(Mailing address MAY BE A POST OFFICE B	<u> </u>			27. 27.	 D	
	-		3	•		
B. If amending the registered agent and/o registered agent and/or the new registered off		Idress on our reco	rds, <u>enter</u>	the na	me o	of the
Name of New Registered Agent:	<u> 100,101</u>	Parker				
New Registered Office Address:	3431 491	-h 5 . Enter Florida street ada				
	Sansota		Florida	342 Zip C	239 Code	<u> </u>

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 605, 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
AMBR	Taylor Parker	3431 49th St. Scrosota, 7 342 8	Add Add
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Effective date, if other than the date of filing: 4-30-2016 (optional) Far effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The 90th day after the record is filed. Dated 4-30-2016 Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member				
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Filing Fee: \$25.00