# 1110000028148

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SECHETARY OF STATE DIVISION OF CORPORATIONS

JUL 17 2012

### **COVER LETTER**

TO:	Registration Sect Division of Corpo			
SUBJE	ect: Ing	Name of Limit	led Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Dene	Mame of Person	- >
		dugles	Firm/Company	<del></del>
		110721	Shelby LN	•
		N. Ft	City/State and 2p Code	33917
		Urtile aug E-mail address: 16	O be used for future annual report notification	ion)
For fur	ther information cor	ncerning this matter, please ca	all:	
D	end to Name of I	S Hughos	at <u>239</u> <u>U U 5-</u> Area Code & Daytime Te	9560 Clephone Number
Enclos	ed is a check for the	following amount:		
\$25	5.00 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

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO



ARTICLES OF ORGANIZATION OF

12 JUL 16 PM 1: 44

Angles Tile, LLC						
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Company were filed on Maych 7, 2011 and assigned Florida document numberL   1000028148						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation					
Enter new principal offices address, if applicable:	16721 Shelby LN.					
(Principal office address MUST BE A STREET ADDRESS)	33917					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	16721 Shelly LN. N. Ft. Mylvs, Fl. 33917					
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:						
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	·					
	, Florida					

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, <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 Name** Address Remove □Add Remove ☐ Add Remove Add Remove  $\square$ Add □ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Pernotrius Hugnes
Typed or printed dame of signee

Page 2 of 2

Filing Fee: \$25.00