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(Re	questor's Name)	
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(City	y/State/Zip/Phone	· #)
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Registration S Division of Co		ř	A	
SUBJI	ECT:	Patrick	Smith Tile LLC		
50114	<u></u>	Name of Lim	ited Liability Company		
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	condence concerning this matte	r to the following:		
		Patrick Smith			
			Name of Person		
Patrick Smith Tile LLC					
Firm/Company					
4930 E			4930 E. 2nd St.		
Address					
		P	anama City Fl. 32404		
		.	City/State and Zip Code		
		E-mail address: (to be used for future annual report no	. (()/n otification)	
For fur	ther information	concerning this matter, please o	eall:	,	
		atrick Smith	at (850)	2136191	
	Name	of Person	Area Code & Day	time Telephone Number	
Enclose	ed 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)	
	Regist Divisi P.O. E	JNG ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 JAN 30 PM 1:55

PATRICK SMIT	TH TILE LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears ability Company)	s on our records.)	
. The Articles of Organization for this Limited Liability Company v			and assigned
Florida document numberL11000076547			
This amendment is submitted to amend the following:		,	
A. If amending name, enter the new name of the limited liabil	lity company here	:	
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Compar	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		ur records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
	_		
I haraby again the appointment as registered again and agree	a to got in this an	namity I turthar anna	a to comply with

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 **Type of Action** <u>Title</u> <u>Name</u> **Address** MGR Trace Taylor 4930 E. 2nd St. ☐ Add Remove Panama City Fl. 32404 Stephan Harris MGR 1029 Ethlyn Rd. ☑ Add Panama City Fl. 32404 ☐ Remove ☐ Add Remove □ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 25 2012 Dated Signature of a member or authorized representative of a member Steven Patrick J. Smith Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00