## ~ L110000 85428

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D. BRUCE

OCT 21 2011

EXAMINER

## **COVER LETTER**

₩,

TO:	Registration Sec Division of Corp				
SUBJE					
50001					
The end	closed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
Please	return all correspor	ndence concerning this matter	r to the following:		
BRUCE C. BREGE					
			Name of Person		
		BR	EGE TILE AND STONE		
			Firm/Company		
			Address		
		CI	RESTVIEW, FL 32539		<b>≥</b> ⊕ <b>→</b>
City/State and Zip Code					A R
brege2001@cox.net E-mail address: (to be used for future annual report notification)					
				notification)	20 ARY SSE
For furt	ther information co	oncerning this matter, please of	call:		FILED CT 20 AD
	BRUG	CE C BREGE	at ( 850 )	428-0179	FLORI
	Name of	Person	Area Code & Da	ytime Telephone Number	RIDA
Enclose	ed is a check for the	e following amount:			
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) Certified	e of Status &
	Registra Division P.O. Box	NG ADDRESS: tion Section tof Corporations x 6327 see, FL 32314	STREET/COU Registration Set Division of Co Clifton Buildin 2661 Executive	rporations Ig	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BREGE TILE	<u>AND STONE, L</u>	.LC	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appea ted Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp.  Florida document numberL11000085428	pany were filed on	07/26/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	re:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "l	or the abbreviation
Enter new principal offices address, if applicable:			<sup>오</sup> 를 열 기
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		ASSE ASSE
Enter new mailing address, if applicable:			STATE FLORID
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<b>&gt;</b>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:		our records, <u>enter (</u>	he name of the new
New Registered Office Address:	Fre	ter Florida street add	rass
	En	iei Tiviidu sireei üüd	ress
	City	, Florida	Zip Code
	City		Lip 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	HALLER, MATTHEW J	2374 SUSAN DRIVE CRESTVIEW, FL 32536	Add ☑ Remove
	·		Add Remove
<u>.</u>			Add Remove
			Add Remove
-			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	i 🚘
		LAHASSEE, FLOR	FILED
Dated	OCTOBER 13 , 2011		_
_	VB-62	3	
	/ \	authorized representative of a member CE C BREGE	<del></del>
		printed name of signee	<del></del>

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Filing Fee: \$25.00