L11000 112-752

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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STANDARD STANDS

MAR 3 0 2015 C. CARROTTERS

COVER LETTER

TO: Registration Se Division of Cor	ction porations,		
SUBJECT.			
SUBJECT: CCEAC	SIDE TILE INSTALLA Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	
	PETER MAKKIS	CPA Firm/Company	
	2110 DREW STRE	Address	
	CLEARWATER, F	EL 33765 City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)

MAILING ADDRESS:

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

FILED

ARTICLES OF ORGANIZATION
OF 15 HAR 10 AM 11: 01

SECRETARY OF STATE BELLAHANSER FLORIDA (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 September 8 2011 and assigned Florida document number 4/1000/12752 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 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 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

Ziv Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
ANBR	NICHOLAS ANNENOS	2691 SABLE SPRINGS CIR, STE 103	Add
		CLETARWATER, FL 33761	Remove
MANAGER	NICHOLAS ANNEHUS	2691 SABLE SPRINGS CIP STE 103	— ✓ Add
		CLEARWATER FL 33761	
MANAGEK	MAK M. MAKTIN	3300 36th 5th N.	□ Add
		ST. PETERSBURG, FL 33713	\ Remove
ANBR	MAX M. MARTIN	3300 36 th 57. N.	
		ST. PETERSBURG, FL 33713	_□ Remove
		·	_
			Add
			_□ Remove
			
			□ Add
			☐ Remove

other than the date of filing: t be specific, cannot be prior to date of receipi	(optional) t or filed date and cannot be more than 90 days after
t is filed by the Florida Department of State)	ŕ
- 2015	<u> </u>
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1	other than the date of filing: In the specific, cannot be prior to date of receipt in it is filed by the Florida Department of State) The specific cannot be prior to date of receipt in it is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00