## L11000133038

| (Requestor's Name)                      |
|---|
| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

NOV 27 2012

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |   | ·  |                    |                                       |    |
|--|---|--|--------------------|---------------------------------------|----|
| SUBJECT: Ro                              | DAN Name of Limite                                      | Ley Tile & Stored Liability Company                                | JE LL              | C                                     |    |
| The enclosed Articles of A               | Amendment and fee(s) are sub                            | nitted for filing.   |                    |                                       |    |
| Please return all correspon              | dence concerning this matter t                          | to the following:  |                    |                                       |    |
|  | Rober   | T K. DANLEY  Name of Person  | <b>M</b>           |                                       |    |
|  | Rober   | T DANLEY Tile &<br>Firm/Company                                    | Stone,             | LLC                                   |    |
|  | 245   | Western ST Address  eport, FL 32 City/State and Zip Code           |                    | TAL<br>SE                             |    |
|  | FRE   | eport, FL 32   | .439               | ECRETAR)<br>LLAHASSI                  | 7  |
|  |   |  |                    | RYOSEE.                               | 17 |
| For further information of               | E-mail address: (to<br>oncerning this matter, please ca | be used for future annual report notification                      | on)                | AM 9: 23<br>Y OF STATE<br>EE; FLORIDA |    |
| × Polect Dany                            | 1   | at ( \$50 ) 307 - 776'  Area Code & Daytime Te                     | Z<br>lephone Numbe |                                       |    |
| · · · · · · · · · · · · · · · · · · ·    |   |  | <b>-</b>           |                                       |    |
| Enclosed is a check for th               | e following amount:                                     |  |                    |                                       |    |
| \$25.00 Filing Fee                       | □\$30.00 Filing Fee & Certificate of Status             | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified          | ite of Status &                       |    |

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 ARTICLES OF ORGANIZATION OF

| Robert DANLEY T  | île & Stone L   | <u> </u>                          |
|--|---|-----------------------------------|
| (Name of the Limited Liability Companies) (A Florida Limited   | pany as it now appears on our red<br>d Liability Company) | cords.)                           |
| The Articles of Organization for this Limited Liability Compa  | ny were filed on $11/22/1$                                | and assigned                      |
| Florida document number <u>L/1000133038</u> .  |   |                                   |
| This amendment is submitted to amend the following:  |   |                                   |
| A. If amending name, enter the new name of the limited li  | ability company here:                                     |                                   |
| The new name must be distinguishable and end with the words "Li"L.L.C."  | mited Liability Company," the desi                        | gnation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  |   | TALL SE                           |
| (Principal office address MUST BE A STREET ADDRESS)  | <u> </u>  | AR S T                            |
|  |   | ASS 2                             |
|  |   |                                   |
| Enter new mailing address, if applicable:  |   | F Site                            |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                                   |
|  | <del></del>   | Σ ω                               |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | office address on our records<br>ere:                     | s, enter the name of the new      |
| Name of New Projection of Association  |   |                                   |
| Name of New Registered Agent:  |   |                                   |
| New Registered Office Address:   | Enter Florida :   | stroot address                    |
|  | Emer Fiorida S  | sireei uuuress                    |
|  | , FI  | oridaZip Code                     |
|  | Cuy .   | 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

| MGRM MARVIN W DANLEY 14470 N.E Z13 PZ                 | Add            |
|---|----------------|
| MGRM MARVIN W DANLEY 14470 N.E Z13 PZ  FORT MCCOY FL. | Remove         |
| 32/34   |                |
|   | Add            |
|   | Remove         |
|   |                |
|   | Add            |
|   | Remove         |
| SECRETARY OF STATE ALLAHASSEE, FLORIDA                |                |
| ASSEE   | NOV 26 AN 9-23 |
| FLOR  | Remove         |
| Dm··  | <b>2</b> 3     |
|   | Add            |
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|   |                |
|   | Add            |
|   | Remove         |
|   | L. Komove      |

| D. If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------|---|
|          |   |
| ,        |   |
|          |   |
| ·        |   |
| •        |   |
| Dated    | 11/19 , 2012  |
|          | Robert Danley   |
|          | Signature of a member or authorized representative of a member                                |
|          | ROBERT R DANIEY   |
|          | Typed or printed name of signee   |
|          | Page 3 of 3   |

Filing Fee: \$25.00

FILED 21 NOV 26 MI 9: 23 SECRETARY