

L12000132310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

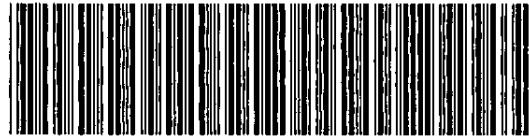
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Amend

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2013 APR 15 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
APR 16 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRO GROUT AND TILE RESTORATION LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL I. MARNAWAT
Name of Person

PRO GROUT & TILE RESTORATION, LLC
Firm/Company

250 S McCall ST, SUITE 3
Address

ENGLEWOOD, FL 34223
City/State and Zip Code

STORMOCEAN@LIVE.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

PAUL MARNAWAT at (941) 623 5577
Name of Person Area Code & Daytime Telephone Number

Enclosed 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)

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**

PRO GROUT AND TILE RESTORATION, 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 OCT 17, 2012 and assigned Florida document number L12000132310.

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)

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STATE CLERK OF STATE
TALLAHASSEE FL 32394

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:

PAULITO I MANNHART

New Registered Office Address:

250 S McCOLL, SUITE 3

Enter Florida street address

ENGLEWOOD
City

Florida

34223
Zip 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.

x Paulito I. Mannhart
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

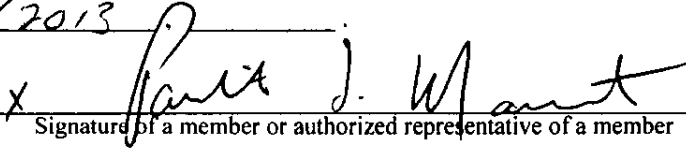
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RALPH T TIRESEN	901 S BIRWOODWAY ST	<input type="checkbox"/> Add
		ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TALLAHASSEE, FL 32399-0400
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

4/6/2013

x 

Signature of a member or authorized representative of a member

PAUL J. MANT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECURITY OF STATE
FALL ARMS OFFICE

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