## L13000127567

(Requ	iestor's Name)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nam	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Co	rporations	•	
Decorum '	l'île & Stone LLC		
SUBJECT:			· · · · · · · · · · · · · · · · · · ·
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Wesley Mallory		
		Name of Person	<del></del>
	Decorum Tile & Stone LL	С	
		Firm/Company	
	3131 W Kennedy Blvd		
		Address	<del></del>
	Tampa FL 33609		
	wes@decorumtile.com	City/State and Zip Code	
		to be used for future annual report notifi	cation)
			Cattony
	concerning this matter, please co		
Wesley Mallory		813 666-5933	
Name	of Person	at () 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:

TO:

**Registration Section** 

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

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September 10, 2013	and assigned
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ss on our records, <u>ent</u>	er the name of the no
er Florida street address	
, Florida	Zip Code
	ny here: "the designation "LLC" or the

## 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Steven Washburn		
		8016 Peach Drive, Temple Terrace	Add
		FL 33637	Remove
			Change
<del></del>			Add
			Remove
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Affective date, if other than the factive date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific ar block does not	nd cannot be prior t meet the applica	o date of filing or mo ble statutory filing	( <b>option</b> ore than 90 days after file trequirements, this d	ing.) Pursuant to 605.0207 (
e record specifies a delay The 90th day after the re			an effective ti	me, at 12:01 a.r	m. on the earlier of:
June 3 Dated		2019			
1 > 1/	0	_ ·	_ ·	of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00