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## **COVER LETTER**

TO: Registration Sec Division of Corp	ction porations		₫.
SUBJECT:	od Tile \$5	Tone, U.C.	<del></del>
		, , ,	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	MARUIN I	Name of Person	<del></del>
	Wood , tile	3 Store, UC. Firm/Company	
	1403 Orea	on ST	
	Orlando 1	City/State and Zip Code	
	Marydeno	lo be used for future annual report notif	fication)
For further information co	ncerning this matter, please ca	all:	
MARVIND D	ryderl	at (401) 967 -	9403 e Telephone Number
Name of		Area Code Dayume	LLAN.
Enclosed is a check for the	_	Elected DW C	SS 2
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	Certificate of Status &
		(additional copy is enclosed)	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

Wood The 3 St	one, LLC.		
(Name of the Limited Lial (A Flor	bility Company as it now appears on ida Limited Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability Florida document number <u>L130001 04121</u>	Company were filed on	101 13	and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the words	'Limited Liability Company," the desig	mation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		) ,	<b>23</b>
(Mailing address MAY BE A POST OFFICE BOX)	·	<b>2</b>	<u> </u>
		;;; ;;;	FS)
B. If amending the registered agent and/or registered agent and/or the new registered office as		r records, enter the	name of the new
Name of New Registered Agent:		***.	6
Manie of New Registered Agent.			
New Registered Office Address:	Enter Florida s	treet address	
	2 .3/ <del> 2</del>		
	City	, Florida 2	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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> **Type of Action** HCHR John Phillip Harry 4706 larado Orlando, A □ Add ☐ Remove □ Add ☐ Remove \_□<sup>F</sup>Add □:Remove 92 □ Add ☐ Remove ☐ Add ☐ Remove

<del>s-:::-</del>	•
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he effectiv	date, if other than the date of filing:
he effectiv he date thi	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
The effectiv	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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