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JUN 1 7 2014

T. BROWN

COVER LETTER

TO: Registration Section **Division of Corporations**

Terenzi Tile Floor and More 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:

Jason Terenzi
Name of Person
Terenzi Tile Floor and More LLC
Firm/Company
7 Kaufman PL.
Address
Palm Coast, FL 32164
City/State and Zip Code
erenzitilefloor@gmail.com
E-mail address: (to be used for future annual report notification)
rning this matter, please call:
ri 386 2952893

For further information con-

Jason Terenzi	at (386)	2952893
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)

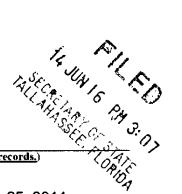
MAILING ADDRESS:

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



Terenzi Tile Floor & More 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 Februa	ry 25, 2014 and assigned
Florida document number L14000031636	*	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the words "l.	imited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- <u>-</u>
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi		records, enter the name of the nev
registered agent and/or the new registered office add	<u>dress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	Cin·	, Florida Zip Code
	Cnj	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 **Type of Action** Title Name **Address** 7 Kaufman PL. Jason Terenzi **MGR ■** Add Palm Coast, FL 32164 ☐ Remove _□ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Remove □ Add ☐ Remove

ffective date must be specific, cannot be prior to date of receipt or filed date and	(optional) cannot be more than 90 days after
effective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State)	
effective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State)	
effective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State) ted June 04 Signature of a member or authorized representations.	cannot be more than 90 days after

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Filing Fee: \$25.00