L14000052728

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000178269 3)))

H140001782693ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5326

14 JUL 28 PM 3:02
FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LRP TILE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

RECEIVED
14 JUL 28 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 29 2014

S. YOUNG

H14000178269 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LRP TILE 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:

ROBSON PEREIRA CORREA
Name of Person

LRP TILE LLC
Firm/Company

4425 S KIRKMAN RD APT 202
Address

ORLANDO, FL 32811
City/State and Zip Code

INFO@ABKCORP.COM
Email address: (to be used for future annual report notification)

FILED
14 JUL 28 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANDREA PINE at (407) 898-1757
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

H14000178269 3

A14000178269 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LRP TILE 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 04/01/2014 and assigned Florida document number L14000052728.

This amendment is submitted to amend the following:

FILED
14 JUL 29 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. If amending name, enter the new name of the limited liability company here:

FRIEND'S SERVICES LLC

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)

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: CORREA, ROBSON P

New Registered Office Address: 4425 S KIRKMAN RD APT 202
Enter Florida street address

ORLANDO, Florida 32811
City *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.

ROBSON P CORREA

If Changing Registered Agent, Signature of New Registered Agent

H14000178269 3

H14000178269 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	CARLOS E PLANAS		☐ Add ■ Remove
AMBR	DA SILVA, JULIMARA	4425 S KIRKMAN RD APT 202 ORLANDO, FL 32811	■ Add ☐ Remove
AMBR	DA SILVA, WILSON LUIS	4425 S KIRKMAN RD APT 202 ORLANDO, FL 32811	■ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

14 APR 2 PM 4:44 FILED FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

H14000178269 3

H14000178269 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ ***(optional)***

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 28 2014

Robson Pereira Correa

Signature of a member or authorized representative of a member

ROBSON PEREIRA CORREA - AMBR

Typed or printed name of signer

FILED
14 JUL 28 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000178269 3