14000104915

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

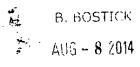
Office Use Only



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85035537 OF STATE



COVER LETTER

TO: Registration Section Division of Corpor		
SUBJECT:	Flat Rock Tile LLC Name of Limited Liability Company	
	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	John E. Hale	
	Name of Person	
	Firm/Company	
	^	
	2880 Semoran Ur.	
	Address	
	2880 Semoran Dr. Address Pensacola FL 3 City/State and Zip Code John engle 64 @ y9h E-mail address (to be used for future annual report notice)	7503
	City/State and Zip Code	
-	johnehale 64 @ y9h	(florition)
		meation)
For further information conc	erning this matter, please call:	22
Name of Pe	25 H9 E at (850) 51	2-1992
Name of re	ason Area Code Dayun	ne Telephone Number
Enclosed is a check for the f	ollowing amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee &	□ \$60.00 Filing. Fee, —
/	Certificate of Status Certified Copy (additional copy is enclosed)	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

Flat Roc	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L140001049</u>]	
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	S)
	27 June 18
	LITTI CTT 2 :-1 CD AGENTA CCT CTT A CENTRAL A CENTRAL CCT CTT A CENTRAL A CENT
Enter new mailing address, if applicable:	777-4
(Mailing address MAY BE A POST OFFICE BOX)	T 0
	Çm ⊒o
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new here:
	 -
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

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

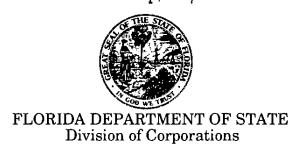
AMBR = Authorized Member <u>Title</u> <u>Name</u> **Type of Action** Slack, Curtis W 863 Valley Ridge Dr. □Add

Pensacola, FL 32514 Remove □ Remove ☐ Remove □ Add ☐ Remove _□ Add _□ Remove

).]	lf am	ending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
			•
(The eff	fective da	te, if other than the date of filing:(optional) te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cument is filed by the Florida Department of State)
	Dated	1	7/21/2014
			1994
			Signature of a member or authorized representative of a member
			John E. Hole
			Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



July 25, 2014

JOHN E. HOLE FLAT ROCK TILE LLC 2880 SEMORAN DRIVE PENSACOLA, FL 32503

SUBJECT: FLAT ROCK TILE LLC Ref. Number: L14000104915

We have received your document for FLAT ROCK TILE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 014A00015989

