## L14000168236

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
. (Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	ÿ,	

Office Use Only



400266910024

12/01/14--01023--018 \*\*25.00

14 DEC -1 PH 2: 45

DEC 1 0 2014

T. BROWN

Registration Section TO: **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call:

**MAILING ADDRESS:** 

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF AMENDMENT
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF  (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
OF CONTRACTION
Singram Tile of Plancing 110 Miles
(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 October 29, 2014 and assigned
Florida document number <u>L14000168236</u> .
riorda decument number <u>er recombiles v</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)
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:
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, <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 Name **Address Type of Action** MGR Jeft Simpson 5740 99th Ave Cicle E pada Parish FL, 34219 - Remove CEO Jeff Simpson 5740 99th Ave Circle F DAdd Panish, FC 34219 \* Remove ☐ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove

D. I	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Just Changing myself Jeff M. Sinyson
	from CEO to MEIR.
	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)
I	Dated William . 2014.
	November 2 m
	Signature of a member of authorized representative of a member
	Jeff M. Simpson
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00