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PICK-UP WAIT MAIL	
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SEGNETARY OF STATE FALLAHASSEE, FLORIDA

TO SEP -5 PM - 5 PM - 5

# **COVER LETTER**

	egistration Sec ivision of Corp			
CUBIECT		Room, LLC		
SUBJECT	:		ted Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please retui	rn all correspo	ndence concerning this matter	to the following:	
		David Riscile		
			Name of Person	
		The Texture Room, LLC		
			Firm/Company	
		6154 N US Hwy 41		
			Address	
		Apollo Beach, FL 33572		
			City/State and Zip Code	
		driscile@gmail.com		
		E-mail address: (t	o be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	ill:	
David Risc	rile		813 220-5601 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

The Texture Room, LLC				
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records. Liability Company)			
	were filed on November 13, 2014	and assigned		
Florida document number L1400176818				
A II D 1 TV COPTO				
A. If amending name, enter the new name of the limited liab	mendment is submitted to amend the following:  mending name, enter the new name of the limited liability company here:  mame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  mew principal offices address, if applicable:  applicable:  applicable:  6154 N US Hwy 41  Apollo Beach, FL 33572  Apollo Beach, FL 33572			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6154 N US Hwy 41			
(Principal office address MUST BE A STREET ADDRESS)	Apollo Beach, FL 33572	'Dro'		
		S - S		
		TP -		
Enter new mailing address, if applicable:	6154 N US Hwy 41	SS 6		
(Mailing address MAY BE A POST OFFICE BOX)	Apollo Beach, FL 33572	me o		
	<del> </del>			
		24		
		enter the mame of the new		
	•			
Name of New Registered Agent:				
New Registered Office Address:		<u></u>		
	Enter Florida street address			
	, Flor	ida Zip Code		
	J.,,	emp courc		

### 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tammie L Riscile		
			☐ Remove
			□ Change
MGR	Tammie L Bevan		
		Last name changed due to marriage	■ Remove
			☐ Change
	<del></del>		Add
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		Contour	-2.2016			
ffective date, if other that an effective date is listed, the date. If the date inserted in locument's effective date on	ite must be specific this block does r	and cannot be prior to meet the app	or to date of filing o	r more than 90 days aff	tional) er filing.) Pursuant to 605. nis date will not be liste	0207 d as
e record specifies a de The 90th day after th			not an effectiv	e time, at 12:01	a.m. on the earlie	r of
September 2, 2016			1 <b>b</b>			
	. 1	amle	2:			
			thorized representat			

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Filing Fee: \$25.00