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M. MILLIGAN EXAMINER

JAN 1 2 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Island Juston Tile and Marble 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:
Micolos Marzoli Name of Person
Rsland cheston tile & naviole
16247 Boyce dr. Address
Bokedia Floors is a grail.com E-mail address: (to be used for future annual report notification) Grail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (561) 625 1889 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{\$\subseteq} \$\subseteq

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

TO ARTICLES OF ORGANIZATION OF

Island cus	ton Tile	& Marble
(Name of the Limited Liability (A Florida)	Company as it now appears o Limited Liability Company)	on our records.
The Articles of Organization for this Limited Liability Co	ompany were filed on	7-7-78 and assigned
Florida document number	94686	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here	;
The new name must be distinguishable and end with the words "Lim	ited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	- T. S. T.
		T
		75 TO 100
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
·		
•	•	iger iger
B. If amending the registered agent and/or registered agent and/or the new registered office address.		ur records, enter the name of the nev
	•	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
1.07. Rogistoral Office / Rodinso.	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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
10%	David Burruss	7574 Grady dr. W. ft Myers F133	Add 7 Remove		
AMBR 10%	Davin Fine	11358 Chathhoucheed W. Ft. Tyers Fl. 33917	Add Remove		
***********			Add Remove		
		﴾ نيز	Remove Add		
			□ Remove □ Add		
			□ Remove		

•	
E. Eff	ective date, if other than the date of filing:
(The	effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
Da	$\frac{1-6}{20}$, $\frac{7015}{20}$
	Signature of a member or authorized representative of a member
	Micolas Marzolf
	Typed or printed name of signee

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Filing Fee: \$25.00

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