L15000019486

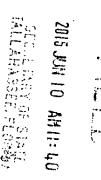
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COVER LETTER

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TO: Registration Sec Division of Corp			
SUBJECT: Til	e Techs of B Name of Lim	R <i>EVARD LLC — WA</i> ited Liability Company	mt change
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Kerry Holm	Name of Person	
	Tile Techs	of BREVARD U.C. Firm/Company	-NEW
		/SOV AUS / Address	
	<u>melbourne</u>	FL 32935 City/State and Zip Code	
	E-mail address: (1	ies 65 CAOL. COM to be used for future annual report notifi	cation)
For further information con	ncerning this matter, please ca	oli:	
Herry Holme,	S Person	at (321) 794 - Area Code Daytime	Z661 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

imited 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 Jan 23, 2015 and assigned Florida document number <u>L/5000019486</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tile Techs of Brevano UC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1963 MADISON AVE, Mclbourne FL 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 City 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

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Type of Action Title** <u>Address</u> <u>Name</u> S JASON DEVORE _□ Change _□ Add ☐ Remove Change □ Add ☐ Remove ☐ Change □ Add Removo Remonda Add ☐ Change □ Add ☐ Remove

		
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E. Eff	ective date, if other than the date of filing:6-8-2015(opti	onal)
fIf ar	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after te: If the date inserted in this block does not meet the applicable statutory filing requirements, this	r filing.) Pursuant to 605.02 s date will not be listed
dod	nument's effective date on the Department of State's records.	5 44.12
If the	record specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier
(b) T	he 90th day after the record is filed.	
Dat	ed 6-3-2015	
	A. C.	

Page 3 of 3

Filing Fee: \$25.00