## L1500023761

(Re	questor's Name)	<del></del>
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## **COVER LETTER**

	gistration Section states of Corpor			
SUBTRCT				
SUBJECT.	Deffery Shugart Tile LLC  Name of Limited Liability Company  ee enclosed Articles of Amendment and fee(s) are submitted for filing.  Lease return all correspondence concerning this matter to the following:    Jeffrey Shugart			
The enclosed	d Articles of Am	endment and fee(s) are sub	nitted for filing.	
Please return	ı all corresponde	nce concerning this matter	to the following:	
		Jeffrey Shugart		
			Name of Person	
		Jeffrey Shugart Tile LLC		• •
			Firm/Company	
		4500 Manucy Road		
			Address	
		St Augustine, FL 32084		
			•	
		•		ication)
For further in	nformation conc	erning this matter, please ca	all:	
Jeff	reg Sh	Who	at ( )	
Je	ffrey Sh	rson war t	. Area Code Daytime	e Telephone Number
Enclosed is a	a check for the fe	ollowing amount;		
□ \$25.00 F	Filing Fee I	□ \$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

Jeffery Shugart Tile LLC				
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compar	nears on our records.)		
The Articles of Organization for this Limited Liability Company wer		02/09/2015 and assig	and assigned	
lorida document number L15000023761	·			
his amendment is submitted to amend the fol	owing:	•		
. If amending name, enter the new name o	of the limited liability company	y here:		
effrey Shugart Tile LLC				
he new name must be distinguishable and contain the	words "Limited Liability Company," t		.C."	
nter new principal offices address, if appli	cable:		Π-	
Principal office address MUST BE A STREI	ET ADDRESS)	III 7 3	,	
		TARRY 2		
		T OF T	<b>T</b>	
Enter new mailing address, if applicable:		F O .	ノ	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	TATE ORIGI		
		> W		
		÷ 1		
3. If amending the registered agent and		on our records, enter the name o	f the	
egistered agent and/or the new registered of	ince address nere:			
Name of New Registered Agent:	Jeffrey T Shugart Sr			
New Registered Office Address:	4500 Manucy Rd			
	Enter	Florida street address		
	St Augustine	, Florida 32084		
	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.

Changing Registered Agent, Signature of New Registered Agen

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>	Name	<u>Address</u>	Type of Action
MGR	Jeffrey T Shugart Sr	4500 Manucy Rd	
		St Augustine, FL 32084	☐ Remove
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f an effec <u>Note:</u> I Jocume	e date, if other than the date of filing: 5/25/16 (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 filthe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the date on the Department of State's records.	d as 1
The S	90th day after the record is filed.	
Dated _	5/25/16	
	Signature of member or authorized representative of a member	
	Jeffrey Shugart Typed or printed name of signee	
	OF ST	
	Por w	

Filing Fee: \$25.00