## L1500094050

(Re	equestor's Name)	
/A d	ldress)	
(Ad	aress)	
(Ad	ldress)	
•		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
<u></u>	_	
(Bu	siness Entity Nar	ne)
· · · · · · · · · · · · · · · · · · ·		
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Certifica Copies		
Special Instructions to	Filing Officer	
Opecial instructions to	Tilling Officer.	
ļ		
ļ		

Office Use Only



800273648948

06/08/15--01033--016 \*\*25.00

SECRETARY OF STATE

15 JUN -8 AM 4: OF

SECRETARY OF STATE DIVISION OF CORPORATION

JUN 0 9 2015

**S MASON** 

## **COVER LETTER**.

TO:	Registration Se Division of Cor		<b>0.</b>			
	PLAGGIO'S	TILE & FLOORING LLC				
SUBJ	ECT:		ited Liability Company			
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing			
	•	ndence concerning this matter	_			
		JACKIE SANDOVAL				
			Name of Person		-	
		SERVICES UNLIMITED				
			Firm/Company		<u>.</u>	
		22095 US HWY 19				
			Address		-	
		CLEARWATER, FL 3376	55			
		CEDVICES IN IMPEDA	City/State and Zip Code		-	
		SERVICESUNLIMITED20 E-mail address: (	to be used for future annual report no	otification)		
For fu	rther information co	oncerning this matter, please c	all:			
JACK	IE SANDOVAL		727 6452856			
	Name o	f Person	at () Area Code Dayti	ime Telephone Number	<u>r</u>	
Enclo	sed is a check for th	ne following amount:				
<b>=</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	nte of Status 45 JUN - 8	SECRETARY OF COR
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive ( Tallahassee, FL	oorations Center Circle	AM 4: 00 OF STATE FLORIDA	OF STATE RPORATIONS	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIAGGIO'S TILE & FLOORIN	NG LLC	
(Name of the L	imited Liability Company as it now appears on our records.  (A Florida Limited Liability Company)	-
The Articles of Organization for this Limite	d Liability Company were filed on 05/28/2015	and assigned
Florida document number L1500004050	L15000094050	
This amendment is submitted to amend the	following:	
A. If amending name, <u>enter the new nam</u>	ne of the limited liability company here:	
SIMS TILE & FLOORING LLC		
The new name must be distinguishable and contain t	the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if ap	plicable:	
(Principal office address MUST BE A STR	REET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	CE BOX)	
	and/or registered office address on our records, ent	er the name of the n
registered agent and/or the new registere	d office address here:	<u> </u>
		SE SE
Name of New Registered Agent:		
New Registered Office Address:		ASE - SEE
	Enter Florida street address	20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	, Florida	PROPERTY OF STATE OF
	City , Florida	P Zip Cole A A
New Registered Agent's Signature, if changi	ng Registered Agent:	A. 0 0L

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
			🗆 Add
			□ Remove
			Change
<del></del>			Add
			Remove
			Change
			Add
			Remove
			Change
			D Add
			□ Remove
			Change
			□ Add
		TALLAHAS	
		F.O.	N-CAMPORATIONS  TARY OF STATE  REMARKS OF STATE  TARY OF STATE
			Remove?
			🗆 Change

D. Ham	ending any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
		<u> </u>
	·	
		<u>,                                      </u>
E. Effec	tive date, if other than the date of filing:	optional)
Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirements ment's effective date on the Department of State's records.	
	ecord specifies a delayed effective date, but not an effective time, at 12: e 90th day after the record is filed.	01 a.m. on the earlier of:
Dated	JUNE 4TH 2015	SECF DIVISIO 15 JI SEC FALL
	Signature of a member or authorized representative of a member	RETAR DN OF C JUN - 8 JUN - 8
	Consider Constituted	THE CORP CORP B AM B AM B AM
	Typed or printed name of signee	STATE ORATIO
		D ONE

Page 3 of 3

Filing Fee: \$25.00