L15000118262

(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number))
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COVER LETTER

Glass Man	Tile. LLC		
SUBJECT:	·	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Terelle Ganzy		
		Name of Person	
	Glass Man Tile, LLC		
		Firm/Company	
	1202 N. Palo Alto Ave.		
		Address	
	Panama City FL, 32401		
	debra@profloorsplus.com	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Terelle Ganzy		850 628-3888 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for t	he 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

Glass Man Tile, LLC		
(Name of the Limited L (A F	lability Company as it now appears on our Florida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liabil Florida document number L15000118262	lity Company were filed on 07.10.201	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet 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 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>	<u>Name</u>	Address	Type of Action
AMBR	Johnnie L Morrison	1108 E. Bay Ave ,	
		Panama City, FL 32401	■ Remove
			☐ Change
AMBR	Earnest R Lyles	1202 N. Palo Alto Ave.	Add
		Panama City, FL 32401	□ Remove
			Change
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