

L15000181695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

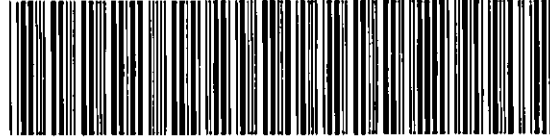
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000301809700

07/28/17--01009--005 \*\*25.00

RECEIVED  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
FILED  
17 JUL 28 AM 10:44  
17 JUL 28 AM 10:49

M. MILLIGAN  
JUL 28 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gulf Tile & Marble Installers  
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:

Becky Smith  
Name of Person

Firm/Company

435 Chipola Ave  
Address

Wewahatchee FL 32465  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) Area Code Daytime 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 JUL 28 AM 10:49

Gulf Tile and Marble Installers LLC

(Name of the Limited 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 \_\_\_\_\_ and assigned Florida document number L15000181695.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

\_\_\_\_\_, 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

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>        | <u>Address</u>             | <u>Type of Action</u>                   |
|--------------|--------------------|----------------------------|---|
| MGR          | Cody Joseph Dubray | 1210 W River Rd            | <input checked="" type="checkbox"/> Add |
|              |                    | Wentz Hitchhiker, FL 32465 | <input type="checkbox"/> Remove         |
|              |                    |                            | <input type="checkbox"/> Change         |
|              |                    |                            | <input type="checkbox"/> Add            |
|              |                    |                            | <input type="checkbox"/> Remove         |
|              |                    |                            | <input type="checkbox"/> Change         |
|              |                    |                            | <input type="checkbox"/> Add            |
|              |                    |                            | <input type="checkbox"/> Remove         |
|              |                    |                            | <input type="checkbox"/> Change         |
|              |                    |                            | <input type="checkbox"/> Add            |
|              |                    |                            | <input type="checkbox"/> Remove         |
|              |                    |                            | <input type="checkbox"/> Change         |
|              |                    |                            | <input type="checkbox"/> Add            |
|              |                    |                            | <input type="checkbox"/> Remove         |
|              |                    |                            | <input type="checkbox"/> Change         |

