L15000187450

(Re	equestor's Name)	
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SECRETARY OF STATE

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COVER LETTER

TO:

TO: Registration Section Division of Corporations	·
SUBJECT: PARKER TILE DESIGNS A Name of Limited Liability	ND REMODEUNG L.L.C.
The enclosed Articles of Amendment and fee(s) are submitted for the	filing.
Please return all correspondence concerning this matter to the follo	wing:
Douglas Pa	RYER e of Person
PARKER TILE DES	IGNS AND REMODELING LLC.
P.O. Box 513	Address
PAISLEY, FLORE	
PARKERTILE AOU E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please call:	
Doucours Parker at (Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cer	00 Filing Fee &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2915 DEC -7 AM 9: 44

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PARKER THE DESIGNS AND REMODELING 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 Comp	pany were filed on \)	-4-15	and assigned
Florida document number <u>L 15000187450</u> .	,	,	-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
	C. L.Y. C		Abanistica W. I. C."
he new name must be distinguishable and contain the words "Limited I	Liability Company," the desig	nation "LLC" or the a	ibbreviation L.L.C.
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		<u> </u>
	<u> </u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		or records, enter	the name of the new
New Registered Office Address:			
	Enter Florida	street address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>cent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my as provided for in Cha	duties, and I am pter 605, F.S. O	familiar with and r, if this document is

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 Address <u>Title</u> **Name** KEVIN KOTT 319 E PRIMEROSE LN. AMBR □ Remove ☐ Change JAMES HIENZELMAN JR. 36771 LESLYE LANE AMBR EUSTIS FL. 32736 ☐ Remove ☐ Change ☐ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00