# L16000107023

(Req	uestor's Name)	
(Addi	ress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	
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Office Use Only



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DA DEPARTMENT OF STATE
Division of Corporations MARASSEE TRANSPECTATIONS FLORIDA DEPARTMENT OF STATE

March 14, 2017

**ERIC CURTICE** 482 FEDERAL HILL ROAD ORANGE PARK, FL 32073

SUBJECT: VERSE-TILE-INK, LLC Ref. Number: L16000107023

We have received your document for VERSE-TILE-INK, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 617A00004902

### **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	V-PVSe Til	led Liability Company		
The enclosed Articles o	/ f Amendment and fee(s) are subn	nitted for filing.		
Please return all corresp	oondence concerning this matter t	o the following:		
	Eric	Name of Person		
	_ All	Drized Ag	M.	TALL AH
	482 Fede	ral Hill Rd		MAR 13 PM 4: 3
	Drange	Float FL City/State and Zip Code	32073	4 4: 37
	E-mail address:	Strenuctions  be used for future annual report noti	Qamail Reation)	cas.
For further information	concerning this matter, please cal	II:		
<u>Eric</u> (Name	Of Person	at ( <del>727)</del> 47Q Area Code Daytim	e 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 Fe Certificate of St Certified Copy (additional copy is	tatus &

#### 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

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on o	our records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on	6/17	and assign	ned
Florida document number L/LDOO1D703	23	•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia  The new name must be distinguishable and contain the words "Limited Lia	John	S L L	Creviation "L.L.C	· ;1
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				产品
Enter new mailing address, if applicable:			13 F	TANK OF
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	777
			<u></u>	E A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the	he name_of	the new
Name of New Registered Agent:		- ·-· · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida str	reet 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 **Type of Action Title Name** KERNIS ☐ Change Jonathan Jantago Cynthia Smith 4827 ☐ Change \_□ Re<del>mo</del>ve ☐ Change □ Add □ Remove \_□ Change \_□ Add ☐ Remove

☐ Change

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n effective date is listed te: If the date inser	d, the date must be spec ted in this block doe	ific and cannot be not meet the	e prior to date of	filing or more that atory filing requi	90 days after filir rements, this da	ng.) Pursuant to 605 te will not be list	5.020 ed a:
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Filing Fee: \$25.00