L17000096137

(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



200298809192

05/04/17--01023-0143-1-1-25-00 -1-1-25-00-22 -1-1-25-00-22

J. HARRIS

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:13		gement Gnover and Carolina and	P, LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James L.	Yarl Name of Person	
	James K	Sarl Associal	tes, PA - Registered Agend
	1095 Ba	1d Eagle O1	上 1
	Marco D	Sland, FL City/State and Zip Code	34145
•	JICA LAWS E-mail address: (e yahoo, com to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
James L K	f Person	at (239) 64 Area Code Daytin	me Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fec	☐ \$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

35FC Manag (Name of the Limited Liability (A Florida)	Company as it now appears on our recor Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Co	ompany were filed on May 1	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDRE	ESS)	
		<u> </u>
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		54 5 7
B. If amending the registered agent and/or registered agent and/or the new registered office addre		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	ss
		orida
	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 **Title** <u>Name</u> <u>Address</u> **Type of Action** Coastal Tile Company, 3431 Bonita Beach Rd. DAdd LLC dba CTC Holdings Bonita Springs, FL 34/34 Remo MGR Bonita Springs, FL 34/34 Remove Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change 🗸 🗖 Remove ☐ Change ☐ Add

☐ Remove

☐ Change

Char	iging/	amend	.Ing	only			
the	entit		re to		nazer	of t	he L
Change	to:	Coast	ral		LE ('ompar	14, L
-		dba	CTC	HOLDIA	১৬১		
		The vis					···
							-
**************************************					-		•
						· · · · · · · · · · · · · · · · · · ·	
		·					
ctive date, if other th						ional)	
effective date is listed, the If the date inserted in	n this block do	es not meet the	applicable sta	itutory filing rec	ıan 90 days afte լuirements, th	er filing.) Pursua is date will no	nt to 605.02 t be listed a
ment's effective date o	n the Departn	ent of State's r	ecords.				
ecord specifies a d			ut not an e	effective time	, at 12:01	a.m. on the	e earlier
e 90th day after t	ne recora is	s filed.				ALI	291
		, a c	17	•		A R	X
a May 1	<u> </u>			,		· . • • • • • • • • • • • • • • • • • •	-
d May 1		Han	nesterl	-		SX.	- 1

Page 3 of 3

Filing Fee: \$25.00