2017-11-04 10:27:34 PDT

15128571031 From Sarah Perales Page 1 of 2

Division of Corporations



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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COVER LETTER

	legistration Sc Division of Cor			
CUDIEC		DODY AND SON CUSTON	M TILE SETTING, LLC	
SUBJECT	ı;	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
		· ·	Firm/Company	
		101 N. Brand Blvd., 11t	h Floor	
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		jessewoody1960@gmail.	com to be used for future annual report notifi	to the same of the
For further	r information c	oncerning this matter, please co		(Cation)
Cheyenn	e Moseley		800 773-0888 ex	t. 9724
	Name of	l Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.0¢) 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)
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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

t <u>Name of the Limited Liability Comps</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000222120</u> .	were filed on 10/26/2017	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here:		
The new name must be distinguishable and end with the words "Limited Lial	hility Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	403B SOUTH 20TH ST.		
(Principal office address MUST BE A STREET ADDRESS)	DEFUNIAK SPRINGS, FL 3243	5	
Enter new mailing address, if applicable:	403B SOUTH 20TH ST.	SYLL VILVA V	
(Mailing address MAY BE A POST OFFICE BOX)	DEFUNIAK SPRINGS, FL 3243	5 5 6	
		79 3 1/2	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>ent</u> e:	er the name of the new	
New Registered Office Address:	Enter Florida streat address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (nn familiar with and Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			
			П Rетюче
			
			Add
			☐ Remove
			□ Remove
			Ađđ
			☐ Remove
·····			
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessa	ry.) 	
	<u> </u>	
E. Effective date, if other than the date of filing: (the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated November 2nd . 2017)	
Signature of a member or authorized representative of a member		-
Jesse E Woody		
Typed or printed name of signee		-
	TĄLLAHASSI	17 NOV -6

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Filing Fee: \$25.00