1/8000007376

(Requestor's Name)	
(Address)	80030
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/05/1
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: Brand left messay 3115/18 add Ucatendotname	

Office Use Only



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March 8, 2018

BRANDI MILLER 17 MARJORIE ST SEBRING, FL 33870

SUBJECT: TNT TILE CUSTOMS LLC

Ref. Number: L18000007376

We have received your document for TNT TILE CUSTOMS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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

Octavia L Simmons Regulatory Specialist II

Letter Number: 018A00004705

COVER LETTER

TO: Registration So Division of Co	ection porations	` .	
SUBJECT: TNT]	ile Customs LLC Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brandi	Hiller Name of Person	
		Name of Person	
	TXT_Tik	Customs	Avill be changed To:
		Firm/Company	Awill be changed To: Handi Brandi Pro Tile) LLC
	17 Marioc	ic Street	
		Address	
	Sebcing,	FL 33870 City/State and Zip Code	····
	-	_	
	E-mail address: (ProTile O gmoil com to be used for Juture annual r	eport notification)
For further information c	oncerning this matter, please ca	all:	
Brond: Heiller		at (954) 5	74 - 134 Daytime Telephone Number
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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

(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company villerida document number <u>L1</u> 80000073 Vb.	were filed on Jacuary 09, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Hardi Brancti Pro Tile LLC	
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	17 Majore Start 第 3
(Principal office address MUST BE A STREET ADDRESS)	Sebring, FL 33870 ST TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17 Majoric Street Sebring, FL 38870
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:	
New Registered Office Address: 17	Majorie Stret Enter Florida street address
Sebring	, Florida <u>338765</u> City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

New Registered Agent's Signature, it 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** <u>Title</u> Name Address 2326 wightman Ave AP# 305 Toby Pel Ham _□ Add Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add Co □ Remove ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add

☐ Remove

☐ Change

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tive date if ot	ner than the date o	f filing: <u>February</u>	96th 2018	(optional	`
ffective date is list	ed, the date must be spec	sific and cannot be prior to s not meet the applicab	date of filing or more th	an 90 days after filing	g.) Pursuant to 605
nent's effective	date on the Departme	ent of State's records.	ie statutory ming requ	inomones, mis cun	. Will list be list
			ee		
	s a delayed eπec ter the record is	tive date, but not a filed.	an errective time,	at 12:01 a.m.	on the earlie
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· .	26th	. 2018	· _		
_Feburary					

Page 3 of 3

Filing Fee: \$25.00