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## **COVER LETTER**

. División of Corporations
SUBJECT: SPrinkle Tile and Stone UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph Sprinkle Name of Person
Sprinkle Tile and Stone UC Firm/Company
3941 ROCKETEILER AV
Savasota Fl 34231  City/State and Zip Code  Sprinkle file and Stone @ Yahw.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joseph Sprincle at (941) 961-3180  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING, ADDRESS:

TO:

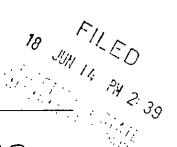
Registration Section

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



Sprinkle Tile and Stone UC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	March 11. 2019
The Articles of Organization for this Limited Liability	
Florida document number <u>L1800009511</u>	<u>2</u> .
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words "I	.imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	gistered office address on our records, enter the name of the new
registered agent and/or the new registered office a	<u>ddress here</u> :
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registe	red 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joseph Sprinkle	3941 Rocke Feller AV	<b></b> ∧dd
		Sarasota FL 34231	🗆 Remove
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(If an effec <u>Note:</u> II	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	June 11 2018.
	Krustty Spunkle Signature of a member or authorized representative of a member
	KRISTIN SPRINKLE

Page 3 of 3

Filing Fee: \$25.00