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(Re	questor's Name)	
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COVER LETTER

Division of Corp	porations	•	
Anchor Ma	rble & Tile LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Doreen Nalbandian		
		Name of Person	
	Anchor Marble & Tile LLe	С	
Firm/Company			
	17 Gloria Ann Smith Dr.		
	 	Address	
	Brick, NJ 08723		
		City/State and Zip Code	
	Doreenn134@aol.com		
	E-mail address: (1	o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	dl:	
Doreen Nalbandian		732 865-3027 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Anchor Marble & Tile, LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number	ompany were filed on April 19, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	 ×
		8 F. C.
	,	APR LAH
Enter new mailing address, if applicable:		ASSEE, ASSEE, F
(Mailing address MAY BE A POST OFFICE BOX)		3
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		ATE OS
B. If amending the registered agent and/or registered agent and/or the new registered office additional actions and the second agent ag		
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street 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

<u>Title</u>	Name	Address	Type of Action
MGR	Cole Gaffney	10141 Dara Ct. Boca Raton, FL	■ Add
		33428	□ Remove
			□ Change
AMBR	Keith Grant	68 14th St. Toms River, NJ	Add
		08753	Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
		 	Remove
			Change
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			Change

	ation, enter change(s) here: (Attach additional sheets, if n	
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	ust be specific and cannot be prior to date of filing or more than 90 days a block does not meet the applicable statutory filing requirements, to	
f the record specifies a delayed) The 90th day after the re	ed effective date, but not an effective time, at 12:0: cord is filed.	1 a.m. on the earlier of:
Dated April 25	<u>2018</u> .	
Dalow W	Signature of a member or authorized representative of a member	
Dorcen Na	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00