## 195 U8000150

| (Re  | questor's Name)   |             |
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| PICK-UP  | ☐ WAIT            | MAIL        |
| (Bu  | siness Entity Nar | me)         |
| (Do  | cument Number)    | 1           |
| Certified Copies                               | _ Certificates    | s of Status |
| Special Instructions to                        | Filing Officer:   |             |
|  |                   |             |
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Office Use Only



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## **COVER LETTER**

| TO:     |             | ation Section<br>of Corporations  |  |
|---------|-------------|---|--|
| SUBJI   | FCT:        | Roberson Tile LLC.  Name of Limited Liability Company   |  |
| 3000    |             | Name of Limited Liability Company   |  |
| The en  | closed Ar   | icles of Amendment and fee(s) are submitted for filing.   |  |
| Please  | return all  | correspondence concerning this matter to the following:   |  |
|         |             | Timothy N Roberson<br>Name of Person  |  |
|         |             | Roberson Tile UCC Firm/Company  |  |
|         |             | 16095 SE 65+NS+Rd<br>Address  |  |
|         |             | OCKLawaha FL 32179 City/State and Zip Code  |  |
|         |             | the promises a Cfl. r. com E-mail address: (to be used for future annual report notification)   |  |
| For fur | ther infor  | nation concerning this matter, please call:   |  |
| Re      | nee         | Ciceron Loberson at (352) 840-8193  Name of Person Area Code Daytine Telephone Number   |  |
| Enclos  | ed is a cho | ck for the following amount:  |  |
| □ \$2   | 5.00 Filing | Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

| - Roberson Til   |  |                     |
|--|--|---------------------|
| (Name of the Limited Liability (A Florida  | y Company as it now appears on our records.)<br>Limited Liability Company) |                     |
| The Articles of Organization for this Limited Liability C  | 1 3  | and assigned        |
| This amendment is submitted to amend the following:  |  |                     |
| A. If amending name, enter the new name of the limi  | ted liability company here:  |                     |
| The new name must be distinguishable and contain the words "Lim  | ited Liability Company," the designation "LLC" or the abb                  | reviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |  |                     |
| (Principal office address MUST BE A STREET ADDR  | (ESS)  | <u>_</u>            |
|  |  | <b>89</b>           |
|  |  |                     |
| Enter new mailing address, if applicable:  |  | F C                 |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | <b>₹</b> ₹900       |
|  |  | STATE<br>OF A TIC   |
|  |  | 80<br>401.          |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office add |  | the name of the nev |
| 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, <u>enter the title, name, and address of each person\_being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | Address                   | Type of Action |
|--------------|------------------|---------------------------|----------------|
| AMBR         | Timothy Roberson | 16095 SE 65TH STREET ROAD | <b>=</b> Add   |
|              |                  | OCKLAWAHA, FL 32179       | ☐ Remove       |
|              |                  |                           | Change         |
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| Effective date, if other th   | ion the date of filings  | (optional)                         |                      |
| f an effective date is listed, the <b>Note:</b> If the date inserted in | date must be specific and cannot be prior to date of filing or more than 90 n this block does not meet the applicable statutory filing requirement that the Department of State's records. | days after filing.) Pursuant to 60 |                      |
| e record specifies a d<br>The 90th day after t                          | elayed effective date, but not an effective time, at<br>he record is filed.  | 12:01 a.m. on the earl             | lier of              |
| Dated July 16th   | 2018   |                                    |                      |
| Limo  | Signature of a member or authorized representative of a memb   |                                    |                      |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00