

L23000027572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

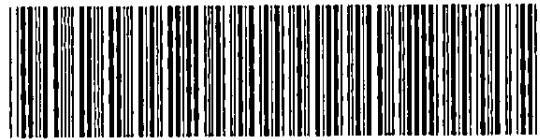
(Business Entity Name)

(Document Number)

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STORING OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Praise Life Tile & Flooring LLC.  
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:

Tamarlon Powe  
Name of Person

Praise Life Tile & Flooring LLC.  
Firm/Company

1585 W Spring Meadow Loop  
Address

Lecanto FL 34461  
City/State and Zip Code

popraise/life23@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamarlon Powe at ( 352 ) 501-8596  
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FL

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Enclosed is a check for the 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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Praise Life Tile & Flooring LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/13/2023 and assigned Florida document number L 2300002757.2

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

1585 W Spring meadow

Loop

Lecanto FL 34461

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1585 W Spring meadow

Loop

Lecanto FL 34461

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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**

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STATE OF FLORIDA  
TALLAHASSEE, FL

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> | <u>Name</u>   | <u>Address</u>       | <u>Type of Action</u>                   |
|--------------|---------------|----------------------|-----------------------------------------|
| MGR          | Jamilton Powe | 1585 W Spring Meadow | <input checked="" type="checkbox"/> Add |
|              |               | Loop                 | <input type="checkbox"/> Remove         |
|              |               | Lecanto FL 34461     | <input type="checkbox"/> Change         |
|              |               |                      | <input type="checkbox"/> Add            |
|              |               |                      | <input type="checkbox"/> Remove         |
|              |               |                      | <input type="checkbox"/> Change         |
|              |               |                      | <input type="checkbox"/> Add            |
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TALLAHASSEE, FL

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Feb. 20, 2023

Jeffrey L. Pace  
Signature of a member of the \_\_\_\_\_

Signature of a member or authorized representative of a member

1. Marlon Powe

Typed or printed name of signee

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SECY. ADM. OF STATE  
TALLAHASSEE, FL