

L 14 000 1 2 2 6 4 3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

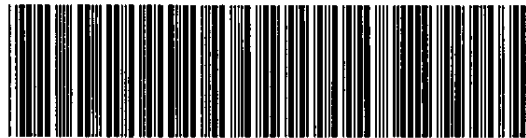
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT - 1 PM 4:45

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CM Santos Granite Design 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:

Carlos M. Santos
Name of Person
CM Santos Granite Design LLC.
Firm/Company
7509 Dunbridge Dr.
Address
Odessa Fl. 33556
City/State and Zip Code
keila52004@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keila S. Santos at (813) 495-4619
Name of Person Area Code Daytime Telephone Number

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MGR = Manager
AMBR = Authorized Member

Vice President: Keila S. Santos 7509 Dunbridge Dr. X Add
Polessa Pl. 33556 □ Remove

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TALLAHASSEE, FLORIDA

☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Ownership
Angels Tirado 25%
Carlos M. Santos 50%
Keila S. Santos 25%

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 29 2014



Signature of a member or authorized representative of a member

Carlos M. Santos

Typed or printed name of signer

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14 OCT - 1 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CMSantos Granite Desing 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 8/5/14 and assigned
Florida document number L14000122643

This amendment is submitted to amend the following:

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

CMSantos Granite Design LLC
The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Angel S. Tirado

New Registered Office Address:

3633 W. Palmetto St.

Enter Florida street address

Tampa

City

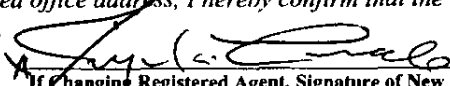
Florida

33607

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