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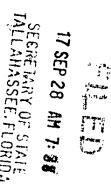
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Special Instructions to Fili	ng Officer:	

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COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT:		NE & MARBLE LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	unitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	W	ALTER E LANUZA CAMAS	
		Name of Person	
		Finn/Company	
	4	37 LOS ALTOS WAY APT 203	
		Address	
	ALTAMON	TE SPRINGS, FLORIDA 32714	
		City/State and Zip Code	
		TERLANUZA@GMAIL.COM	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notification)	
WALTER E	LANUZA CAMAS	407 668-2593	
Name o	of Person	at () Area Code Daytime Telephone Number	_
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certified Copy Certificate of S Certified Copy (additional copy is enclosed)	Status &
Regist Divisie	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WALTER STONE & M	SARBLE LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)					
The Articles of Organization for this Limited Liability Company Florida document numberL15000128739	were filed on and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	437 LOS ALTOS WAY APT 203					
(Principal office address MUST BE A STREET ADDRESS)	ALTAMONTE SPRINGS, FLORIDA 32714					
Enter new mailing address, if applicable:	437 LOS ALTOS WAY APT 203					
(Mailing address MAY BE A POST OFFICE BOX)	ALTAMONTE SPRINGS, FLORIDA 32714					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here						
Name of New Registered Agent:	CREIMIN SO					
New Registered Office Address:	Enter Florida street address Florida					
New Registered Agent's Signature, if changing Registered Agent:	City Grap Conte					
I-hereby accept the appointment-as-registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is					

_LCGhanging-Registered-t-gent-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>	<u>Name</u>	Address	Type of Action
AMBR	YARIANA MARIE LANUZA	437 LOS ALTOS WAY APT 203	\B Add
		ALTAMONTE SPRINGS, FL 3271	Remove
			Change
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			Remove
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ective date, if other than n effective date is listed, the date. If the date inserted in the cument's effective date on the	te must be specit his block does	fic and canno not meet th	t be prior to da e applicable	te of filing or statutory fil	more than 90 da	(optional) ys after filing. ts, this date) Pursua	ant to 60 ot be lis	05.0207 (3)(b) sted as the
record specifies a del he 90th day after the			but not ar	effective	time, at 12	:01 a.m.	on th	e earl	lier of:
ed			7						
		(Jall		. –					
	Signature								

Page 3 of 3

Filing Fee: \$25.00