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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJEC	FIRSTSTO	NE MARBLE RESTORATIO	N & POLISHING LLC			
SOBJEC	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		MARIA C RODRIGUES				
			Name of Person			
		FIRSTSTONE MARBLE	RESTORATION & POLISHING L	LC		
Firm/Company			Firm/Company			
			201 7A1			
POMPANO BEACH, FL 33064 City/State and Zip Code			2016 DEC 15 TALLAHASSE			
			EC 15 I			
		mcrod1010@yahoo.com		mo m		
For furth	ner information c	n-mail address: (oncerning this matter, please c	to be used for future annual report notifiall:	STATE FLORID		
MARIA	C RODRIGUES	S	570 561-9303	2		
	Name o	f Person		Telephone Number		
Enclosed	d is a check for th	ne 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)		
		ING ADDRESS:	STREET/COURIE Registration Section			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RBLE RESTORATION & P		
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appe ida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on _	10/26/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the	e designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		F	S 23
(Principal office address MUST BE A STREET AD)	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			C 15 P S 02
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		on our records, <u>er</u>	iter the name of th
INAMIC OF INCW REgistered Agent.			
New Registered Office Address:	Enter Fi	lorida street address	
New Registered Office Address:	Enter F	lorida street address , Florid	

Now Nogistered rigent a triginature, in changing registered rigent.

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>	<u>Name</u>	<u>Address</u>	Type of Action
AP	ELIJAH ALMEIDA	4900 WASHINGTON ST.	Add
		UNIT 215	■ Remove
		HOLLYWOOD, FL 33021	Change
			□ Remove
			Change
			□ Add
			SECULTARY Charge
			CRETAR OF STATE Add
			Change
			□ Add
			☐ Remove
			Change
***************************************	·		Add
			☐ Remove
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fective date, if other than the date of filing:	t be prior to d e applicable	late of filing or		s after filing.) P		
record specifies a delayed effective date, The 90th day after the record is filed.	but not a	n effective	time, at 12	:01 a.m. or	the ear	lier o
ned	6					
Mana C. Rodino	rki authorize	ed representati	ve of a member			

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Filing Fee: \$25.00