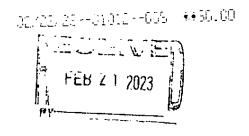
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COVER LETTER

	gistration Se vision of Cor					
SUBJECT:	IVAN & SON MASTERS GRANITE LLC					
MODJECT.		Name of Limited Liability Company				
The enclosed	I Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return	all correspo	indence concerning this matter	to the following:			
		GREISY SUAREZ				
			Name of Person	· · · · · · · · · · · · · · · · · · ·	_	
		DIRECT SOLUTION SE	RVICES			
	1248 Viscaya Pkwy				Merce 21	
	Address				21	
		Cape Coral, FL 33990				
	City/State and Zip Code					
		permits@directsolutionserv			30	
		E-mail address: (to be used for future annual repor	rt notification)	j + 1	
For further in	iformation co	oncerning this matter, please o	all:			
GREISY SU	JAREZ		239 443-584	46		
	Name of	Person	Area Code Di	aytime Telephone Numbo	ा	
Enclosed is a	check for th	e following amount:				
□ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IVAN & SON MASTERS GRANITE LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
the Articles of Organization for this Limited Liability Company we do locument number \frac{1.23000061666}{2.23000061666}	ere filed on and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabilit	y company here:
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	51 5
	C
inter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	€. 5· ÷
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 If amending the registered agent and/or registered office adegent and/or the new registered office address here: 	• • • • • • • • • • • • • • • • • • •
Name of New Registered Agent:	
New Registered Office Address:	Country of the second
	Enter Florida street address
	, Florida
	City Zin 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, 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	GUERRA IVAN, PENA	56 TERRY AVE S	[]Add
		LEHIGH ACRES, FL 33976	□Remove
			≡ Change
AMBR	GUERRA, IVAN	56 TERRY AVE S	□ Add
		LEHIGH ACRES, FL 33976	Remove
			≣ Change
MGR	PENA, LUMYS	56 TERRY AVE S	C ≅≣Add
		LEHIGH ACRES, FL 33976	⊇ S E B □ Remove
			The Change
			Ω
			□Remove
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ective date, it other than the date effective date is listed, the date must be sp te: If the date inserted in this block do	ecitic and canno ses not meet th	ot be prior to he applicabl	date of filing o le statutory fi	r more than 90 : ling requirem	days after tili ents, this da	ng.) Pursuar ate will not	nt to 605.0 be listed
rument's effective date on the Departr			ŕ				
cord specifies a delayed effective date s filed.	, but not an ef	Tective time	e, at 12:01 a.i	n, on the earl:	ier of: (b)	The 90th d	lay after I
ed13 FEBRUARY	. 20	23					
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Filing Fee: \$25.00