L15000111782

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500309387295

02/26/18--01042--027 **25.00

2018 FEB 26 P 2: 23
SECRETARY OF SECRE

abala a

COVER LETTER

ГО:	Registration Se Division of Cor					
SUBJE	Natural Ste	one Solutions Fort Lauderdale,	LLC			
SUBJE	ÇI:	Name of Lim	ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Abigail C. Watts-FitzGera	ld			
			Name of Person			
		Devine Goodman Rasco &	watts-FitzGerald, LLP			
			Firm/Company		2018	
		2800 Ponce de Leon Boule	evard, Suite 1400	7.7 7.7 7.7 7.7 7.7	. I	_
			Address	(i) (i) (ii) (ii) (ii) (ii) (ii) (ii) (EB 26 F	_
		Coral Gables, Florida 331;	34	بران زیران		
			City/State and Zip Code	LORID	; ;; (•
		awf@devinegoodman.com	- Laurent Con Con		29	
For furth	er information c	oncerning this matter, please co	to be used for future annual report noti all:	ncation)		
Abigail	Watts-FitzGerale	d	305 374-8200 at()			
<u> </u>	Name o	f Person		e Telephone Number	_	
Enclosed	I is a check for th	ne following amount:				
3 \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of Society Certified Copy (additional copy is	Status &	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Natural Stone Solutions Fort Lauderdale, L				
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our da Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability	Company were filed on June 26, 20	and assigned		
Florida document number L15000111782	<u></u> ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
Quesousa Fort Lauderdale, LLC				
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "LALC."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	2018 S.E.I		
		<u> </u>		
		8 2 ASC		
Enter new mailing address, if applicable:		me Im		
(Mailing address MAY BE A POST OFFICE BOX)				
<u> </u>				
	-			
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad-		ecords, <u>enter the name of the ne</u>		
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

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** □ Add ☐ Remove ☐ Change □ Add □ Remove Remove □ Add ☐ Remove _□ Change _□ Add □ Remove □ Change □ Add ☐ Remove Сhапде

	_	 		
				
			 	
	_			.
			2018 SF (
				<u>—</u> ¬'n
			AHA AHA AHA AHA AHA AHA AHA AHA AHA AHA	
			RY SE	_ T
			To U	— [_
			<u> </u>	
	 -		28 Ribb	
ffective date, if other than the date of filing:		(option	nal)	
an effective date is listed, the date must be specific and cannot be pri ote: If the date inserted in this block does not meet the appl	or to date of filing or more	than 90 days after fi	ling.) Pursuant to	605.0207
ocument's effective date on the Department of State's record	icable statutory firming re	quirements, nus (iate will liot oc	IINEO 82
e record specifies a delayed effective date, but n The 90th day after the record is filed.	ot an effective tim	e, at 12:01 a.	m. on the ea	ariler of
February 23 , 2018	 •			
2A PA	> ~			
	<u> </u>			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee