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## COVER LETTER

SUBJECT:		ONE MARBLE & GRANITE I	LLC	
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CATILENE FERREIRA		
		WHITESTONE MARBLE	Name of Person E & GRANITE LLC	· · · · ·
		3351 EDGEWOOD AVE	Firm/Company	· <u>·</u> ········
		FORT MYERS, FL33916	Address	· · · · · · · · · · · · · · · · · · ·
		CATILENE1983@GMAIL	City/State and Zip Code COM	<del> </del>
		E-mail address: (I	to be used for future annual repo	ort notification)
For further in	nformation co	oncerning this matter, please ca	all:	
CATILENE	FERREIRA		239 25716	70
	Name of	Person	at () Area Code	Daytime Telephone Number
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 enclose	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section Division of Corporations

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

## ARTICLES OF ORGANIZATION OF

WHITESTONE MARBLE & GRANITE LLC

(A Florida Limited	1 Liability Company)	<del>(cond.s)</del>
The Articles of Organization for this Limited Liability Compar	y were filed on	and assigned
Florida document number		
EThis amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
NEW START KITCHEN AND BATH LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3351 EDGEWOOD AVE	:
• • •	FORT MYERS FL 33916	5 3
(Principal office address MUST BE A STREET-ABORESS)		- C - 3
المارية الإسلامة المسالة		्रिप्
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered	office address on our re	cards enter the name of the
registered agent and/or the new registered office address he		cords, ence the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	uldress
$\mathcal{C} = \mathcal{A}$		121 2 . a
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	it:	·
		16
<ul> <li>! hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple</li> </ul>		
accept the obligations of my position as registered agent a		

If Changing Registered Agent, Signature of New Registered Agent

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.

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> fitle</u>	<u>Name</u>	Address	Type of Action
ıngr	catilene ferreira	3351 edgewood ave, fort Myers fl 33916	
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			☐ Remove
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Filing Fee: \$25.00