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EXAMINER

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COVER LETTER

~Division of Co	orporations		
SUBJECT:	Ulitmate Stonewor	ks of Central Florida, LLC	
SOLUECI:		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
		Enrique Romero	
		Name of Person	
	Ultimate Sto	oneworks of Central Florida, LL	С
		Firm/Company	
	9220 B	oggy Creek Road, Suite 121	eger
-		Address	
•		Orlando El 32924	ZIII JUN 14
		Orlando, FL 32824 City/State and Zip Code	
		,	JUN 14 PM
	E-mail address:	(to be used for future annual report notification	
For further information	concerning this matter, please	call:	
		at (
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	the following amount:		
	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
Certificate of Status Certified Copy Certific (additional copy is enclosed) Certifie			Certificate of Status & Certified Copy (additional copy is enclosed)
MAI	LING ADDRESS:	STREET/COURIER	ADDRESS:
	stration Section	Registration Section	

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

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ultimate S	Stoneworks of Central Flo	orida, LLC	
(Name of the Limite	d Liability Company as it now app A Florida Limited Liability Company	y)	
The Articles of Organization for this Limited I Florida document number L0800010	-	October 28, 2008	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company h	<u>iere</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Con	npany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if appli	cable:		5 26
(Principal office address MUST BE A STRE	ET ADDRESS)		
		7 .	
·		देख जात हुन	;
Enter new mailing address, if applicable:		-T-	
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		<u> </u>
		Ţ,	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of		n our records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:	Enrique Romero		
New Registered Office Address:	9220 Boggy Creek Road	, Suite 121	
		Enter Florida street addr	ess
	Orlando	_, Florida	32824
	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 608, 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.

A amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR → Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	ENRIQUE ROMERO	9220 BOGGY CREEK ROAD SUITE 121 ORLANDO, FL 32824	Add Remove
MGR_	PATRICIA GUTIERREZ	9220 BOGGY CREEK ROAD SUITE 121 ORLANDO, FL 32824	Add Remove
			Add Remove
			Add Remove
			Addi
		C.G. C.G. C.G. C.G. C.G. C.G. C.G. C.G.	Add Remove
D. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary)	
			_ _
			_ -∧
Dated		o fatricial	etien)
-	ENRIQUE ROMERO	AND PATRICIA GUTIERREZ r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00