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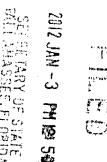
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PICK-UP	WAIT	MAIL				
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Certified Copies	Certificates	s of Status				
Special Instructions to Fi	ling Officer:					

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T. CLINE
JAN - 5 2012
EXAMINER

COVER LETTER

Division of Cor		
SUBJECT: Auro	ora Stone + Gravel	
	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	endence concerning this matter to the following:	
	Saul Ventura Name of Person	
	Aurora Stone + Civau	el
	2699 Aurora Rd	
	Melbourne, Florida City/State and Zip Code	32935 SEARY OF THE SECOND SECO
	E-mail address: (to be used for future annual re	port notification)
For further information c	oncerning this matter, please call:	
Saul Vent	14/4 at (311) 25 Person Area Code &	53-4808 Daytime Telephone Number
Enclosed is a check for the	ne following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is a	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Aurora Stone	t Grave				
(Name of the Limited L (A F	i <mark>ability Company</mark> Iorida Limited Lia	as it now appears oblitity Company)	on our records.)		
The Articles of Organization for this Limited Liab	bility Company v	vere filed on Maic	h 2, 2009	and assig	ned,
Florida document number <u>L09000208</u>			,		
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabili	ity company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company	," the designation	n "LLC" or the abb	oreviation
Enter new principal offices address, if applical	ole:	Saul Ven	tura		
(Principal office address MUST BE A STREET	ADDRESS)	2699 Aux			
		Melbour	ne, Fl	32935	
Enter new mailing address, if applicable:				<u>.gt</u>	
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			2012 SEC	
D. If amounting the presistenced arount and/ou			do40		The same
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here:	ce address on our	r records, <u>ente</u>	r the name of	the new
	0	1		一 の	Shimme.
Name of New Registered Agent:	Sau	Ventura		5 S	
New Registered Office Address:	2699 1	Aurora Rd			
·	4. 11	Enter	Florida street d	address	
	Melb	ourne	, Florida	<u> </u>	
		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, Thereby 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 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 **Title** Name <u>Address</u> **Type of Action** - Guyman Holt L Saul Ventura ☐ Add 2699 Aurora Rd Remove ☐ Add Remove Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) $\overrightarrow{y_{ij}}$ Dated Dec. 29th Signature of a member or authorized representative of a member Saul Ven Jura.
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00