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COVER LETTER

TO:	Registration S Division of Co		,			
SUBJI	ECT:	Empire Granite	And Remodeling	LLC		
			ted Liability Company			
		f Amendment and fee(s) are sub	-			
Please	return all corresp	ondence concerning this matter	to the following:			
			Yoel Cardenas			
			Name of Person			
		Empire 0	Granite And Remodeli	ing LLC		
			Firm/Company			
		83	0 East Park ave #210)4		
			Address			
		Ta	allahassee, Fla 3230	1		
		EmnireGran	City/State and Zip Code	amail com		
	EmpireGraniteAndRemodeling@gmail.com E-mail address: (to be used for future annual report notification)					
For fu	ther information	concerning this matter, please of	call:			
	Y	oel Cardenas	at (850)	408-970	5	
	Name	of Person	Area Code &	Daytime Telephone	Number	
Enclos	ed is a check for	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) (0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)	
	MAII	LING ADDRESS:	STREET/0	COURIER ADDR	ESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED 10 FEB -8 AM 10: 32

Empire Granite And Remodeling LLGLAMASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) 1/28/2010 _ and assigned The Articles of Organization for this Limited Liability Company were filed on L10000010169 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Zip Code

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Yoel Cardenas	830 East Park ave #2104 Tallahassee, Fla. 32301	✓ Add Remove
MGR_	Richard Ruiz	4099 Blindbrook Ct Tallahassee, Fla 32303	✓ Add Remove
MGR_	Francisco Buzzainzz	830 East Park ave #2104 Tallahassee, Fla. 32301	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if necessal	ry.)
			FILED 10 FEB -8 AM IO: 3 SECKLIARY OF STATIONAL AHASSEE, FLORE
Dated	February 1	, 2010	TE IDA
	Signature of	Yoel Cardenas	<u>,</u>
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00