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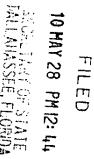
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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S. HAWKES
JUN 01 2010
EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations |
|---------------|--|
| SUВЛ | Marblest Marble and Granite, LLC |
| | Name of Limited Liability Company |
| | |
| The en | closed Articles of Amendment and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Genaro Camarena |
| | Name of Person |
| | Marblest Marble and Granite, LLC |
| | Firm/Company |
| | 17341 Alico Center Road #D |
| | Address |
| | Fort Myers, FL 33967 |
| | City/State and Zip Code |
| | E-mail address: (to be used for future annual report notification) |
| For fu | ther information concerning this matter, please call: AMARBLEST @ YAHOO, COM |
| G | Name of Person Area Code & Daytime Telephone Number |
| Enclos | ed is a check for the following amount: |
| X \$25 | .00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

| Marbles | t Marbie and Granite, LL | C | |
|---|--|---|---------------------------------------|
| (Name of the Limited Li (A Fl | ability Company as it now appears orida Limited Liability Company) | on our records.) | |
| The Articles of Organization for this Limited Liab Florida document number | • • | | assigned |
| This amendment is submitted to amend the following. A. If amending name, enter the new name of the | | HI ZO | FILED |
| | | 四年 <u> </u> | 72 |
| The new name must be distinguishable and end with the "L.L.C." | ne words "Limited Liability Company | the designation "LLC or the", | estobreviation |
| Enter new principal offices address, if applicable | le: | <u>, , , , , , , , , , , , , , , , , , , </u> | ······ |
| (Principal office address MUST BE A STREET) | ADDRESS) | | , |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u></u> | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | ~ | records, enter the name | of the new |
| Name of New Registered Agent: | | | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | Enter | Florida street address | |
| | | . Florida | |
| - | City | Zip Co | ode |

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.

If Changing Registered Agent, Signature of New Registered Agent

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 Address **Title** Name **Type of Action** 34112 MGR Peter J Spiska 4876 Sedgewood Lane, Naples,FL 346 175 Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00