

L11000044720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

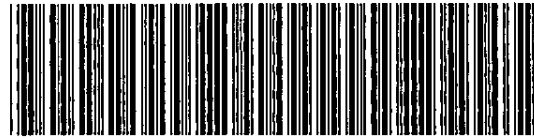
(Business Entity Name)

(Document Number)

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CLERK OF STATE
OF NEW YORK
JULIA A. HARRIS

APR 06 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Granite USA LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas Elliott

Name of Person

Granite USA LLC.

Firm/Company

8569 S US Hwy 1

Address

Port St Lucie, FL 34952

City/State and Zip Code

sunmedmanagement@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Elliott

772 530-5000

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Granite USA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 4/14/11 and assigned
Florida document number L11000044720.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Coastal Home Furnishings LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

Enter Florida street address

Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JARRACH, DEAN	8569 S FEDERAL HWY	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TOLSON, DAVID	8569 S FEDERAL HWY	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HAMILTON, DONALD	8569 S FEDERAL HWY	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELLIOTT, NICHOLAS	8569 S FEDERAL HWY	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34952	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 17 APR -3 PM 12:06
 DEPARTMENT OF
 REVENUE
 DIVISION

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 30 2017

Niklas Elvén

Signature of a member or authorized representative of a member

Nicholas Elliott, MBR

Typed or printed name of signee

17 APR -3 PM 12:36

FILED
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF NEW YORK
JAN 11 1961