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B. BOSTICK

MAY 19 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Prostone Grante & Marble JJC
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:
Gregory C Acosta Name of Person
Firm/Company
304 Palmetto St. Unt 107
Orlando TL 32824 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter places calls
Gregory C Acosta at (R21) 276-9241
Name of Person Afea Code & Daytime Telephone Number
Enclosed is a check for the following amount: $\frac{22\pi}{3}$
\$25.00 Filing Fee \$\ \text{S55.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy} \tag{Certified Copy} \tag{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

Prostone Gr	arite Marble	LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	- -	
The Articles of Organization for this Limited Liability Company Florida document number		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:	304 Palmet	to St Unit W.	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FI	32824	
		P	
Enter new mailing address, if applicable:		25 2	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		79 6	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the figme of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	ddrass	
	Emer randa sireet adaress		
· · · · · · · · · · · · · · · · · · ·	, Florida _	Zip Code	
	~·· <i>,</i>	and come	

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

Title	<u>Name</u>	Address	Type of Action		
Owner	Cregon C Acosta	943 Rivecon Ace Orlando, FJ. 30125	Add Remove		
		· .	Add Remove		
			Add Remove		
			Add Remove		
	·		Add Remove		
			Add.		
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
_	correction of Busin	sjæddtess	D: 53		
_	and First name spo	elling Gregory	P 		
_		EJV#15 45.	217 4588		
Dated	5-12 2011				
	Signature of a member of	or authorized representative of a member			
Typed or printed name of signee					
		Page 2 of 2			

Page 2 of 2

Filing Fee: \$25.00