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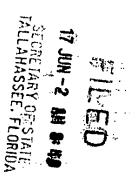
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COVER LETTER

	Registration S Division of Co			
SUBJEC	NaturalS	tonesDirect LLC		
SUBJEC	1:	Name of Lin	nited Liability Company	
The encle	sed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all corresp	ondence concerning this matter	to the following:	
		YusufAkkoc		
			Name of Person	
		NaturalStonesDirect LLC	>	
			Firm/Company	
		2060J&C BOULEVARD 2060J&C Boulevard		
			Address	
		Naples,FL 34109		
			City/State and Zip Code	A = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =
		akkocstones@yahoo.cor		
			to be used for future annual report notifi	cation)
For furthe	r information	concerning this matter, please co	all:	
YusufAk			239 8215651 at () Area Code Daytime	
	Name	of Person	Area Code Daytime	Telephone Number
Enclosed	is a check for t	the following amount:		
□ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	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

NaturalStonesDirectLLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liab Florida document number L11000082220	oility Company were filed on 7/8/2011	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	TACE 17
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name of the new
Name of New Registered Agent:		83 2 0
New Registered Office Address:		₽m 4
-	Enter Florida street address	·
	, Flor	ida
·	City	Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SerkanMurat Evirgen	317 3rd Ave., Marco Island, FL 34145	= Add
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			Change
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			□ Remove
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Typed or printed name of signee

Filing Fee: \$25.00