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Horida Department of State

Division of Corporations Electronic Filing Cover Sheet

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: (407)898-1757

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGNATION ONLY GRANITE COUNTERTOPS SERVICES, LLC

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COVER LETTER

H1300025,47333

TO:

Registration Section Division of Corporations

SUBJECT:

ONYX GRANITE COUNTERTOPS SERVICES, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following

JOSE HUMBERTO

Name of Person

ONYX GRANITE COUNTERTOPS SERVICES, LLC

Firm/Company

2644 MICHIGAN AVE # C

Address

KISSIMMEE, FL 34744

City/State and Zip Code

INFO@ABKCORP.COM

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

For further information concerning this matter, please call:

JOSE HUMBERTO

,,407 **\898-1757**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ .\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$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

H130002547333

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ONYX GRANITE COUNTERTOPS SERVICES, LLC (Name of the Limited Liability Company as it now appears on our-records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and end with the words "Limited Liahili" L.L.C."	ity Company;" the designation "LLC" or the abbrei	viatio
Enter new principal offices address, if applicable:	()	
(Principal office address MUST BE A STREET ADDRESS)	TR W	
	지점 5	- , ,
Enter new mailing address, if applicable:		
Mulling address MAX BE A POST OFFICE BOX)		1 2
	·	a Para
	9m 6	
B. If amending the registered agent and/or registered office add registered agent and/or the new registered office address here:	ress on our records, enter the name of th	e ne
registeren abent anmor the new registeren omee admess bere-		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
City	Florida Zip Code	 ;-
•	.	
New Registered Agent's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager MGRM = Managing Member			
Title	Name	Address Type of Action	
MGR	ADOLFO CARMENATE	2644 MICHIGAN AVE # C Add	
		KISSIMMEE, FL. 34744	
MGR	CRUZ CESPEDES JR	2644 MICHIGAN AVE # C	
		KISSIMMEE FL. 34744 Remove	
		Add Color Remove	
		Add Remove Add Remove	

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