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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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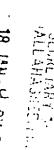
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COVER LETTER

TO: '		tion Secti of Corpo				
conce		oical Gran	ite, LLC	1		
SUBJE	CI:		Name of Lin	nited Liability Company	 	
			rane vi on			
The enc	losed Arti	cles of An	nendment and fee(s) are sub	omitted for filing.		
Please r	eturn all c	orrespond	ence concerning this matter	to the following:		
			Kevin Turner			
				Name of Persor		
			Tropical Granite, LLC			
				Firm/Company		
			9525 131st St. N.	i		
				, Address		
			SEMINOLE, FL 33776			
				City/State and Zip (ode	
			tropicalgranite@live.com			
			E-mail address: (to be used for future a	inual report notificati	on)
For furt	her inforn	nation con	cerning this matter, please c	all:		
Kevin 'l	l'umer			727 at (235-2752	
	-	Name of P	erson	Area Code	Daytime Tel	iephone Number
Enclose	d is a chec	ck for the	following amount:	.		
□ \$25	.00 Filing	Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cor (additional corp)	oy .	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registrati Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Reg Divi Clif 2 6 6	REET/COURIER istration Section ision of Corporatio ton Building I Executive Center ahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tropical Granite, LLC			
(Name of the Limited	Liability Company as	itinow appears on our records.) y/Company)	
(7)	T Milda Emilica Elabini	у, Смирину г	
The Articles of Organization for this Limited Liab	oility Company were	filed on 11/02/2017	and assigned
Florida document number 1.12000025472	 .	İ	
This amendment is submitted to amend the follow	ving:		
	-	homony bare:	
A. If amending name, enter the new name of t	ne minited habinty c	1	
	1	11 1 1 1 1 1 1 1 1 1 1 1	in the state of th
The new name must be distinguishable and contain the wor	ds "Limited Liability Co	inpany," the designation "LLC" or the abl	previation "L.L.C.
Enter new principal offices address, if applicat	ole:	<u> </u>	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>
	ı		7 85.5
en			P 775
Enter new mailing address, if applicable:			<u></u>
(Mailing address MAY BE A POST OFFICE B	$\frac{\partial X}{\partial x}$	<u> </u>	<u> </u>
			———— (F,
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office ce address here:	address on our records, enter	the name of the new
Name of New Registered Agent:	:	<u> </u>	
New Registered Office Address:	!		<u> </u>
		Enter Florida street address	
	1	, Florida	
		Tity	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this co	agent and agree to and complete performered agent as provingistered office addi	ormance of my duties, and I am fo ded for in Chapter 605, F.S. Or,	amiliar with and if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = M$	lanager Authorized Member		
<u> Fitle</u>	Name	Address	Type of Action
AMBR	Eric Crevier	164 Keating Dr. Largo, Fl 33770	Add
			Remove
		1	☐ Change
			☐ Remove
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	e of filing: 1/1/18	
ive date, if other than the date ective date is listed, the date must be so If the date inserted in this block dent's effective date on the Depart	pecific and cannot be prior to date of filing loes not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 6 filing requirements, this date will not be li
cord specifies a delayed eff 90th day after the record	ective date, but not an effecti is filed.	ive time, at 12:01 a.m. on the ear
12/21/2017	, _ .	
Ks.	- The	
Sign	ature of a member or authorized represen	lative of a member
Kevin Turner	·	
	•	

Page 3 of 3 Filing Fee: \$25.00