

LI200017388

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H170002858513)))



H170002858513ABC4

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS ACCOUNTING AND INCOME TAX SVCS CORP.
Account Number : I20060000141
Phone : (561)929-6899
Fax Number : (954)788-7400

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

Email Address: eachients@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NET GRANITE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

OCT 31 2017
HARRIS

COVER LETTER

H17 0002858512

**TO: Registration Section
Division of Corporations**

SUBJECT: NET GRANITE 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:

ANIBAL QUINTAO

Name of Person

EXPRESS ACCOUTING INCOME TAX SERVICE

Firm/Company

3927 N FEDERAL HWY

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

caclients@gmail.com

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

For further information concerning this matter, please call:

ANIBAL QUINTAO

Name of Person

954
at ()
Area Code

788-7400

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
266 Executive Center Circle
Tallahassee, FL 32301

H17 0002858 51E

(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:

Page 1 of 3

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

#17 000 2858513

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AILTON C ALVES DE AVIZ	4101 BELLASOL CIR 1212	<input type="checkbox"/> Add
		FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)
 _____ the date of filing or more than 90 days after filing.

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) this date does not meet the applicable statutory filing requirements, this date will not be listed as the effective date of this filing.

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 OCTOBER 30, 2017

Julien César Juvé de ...
Signature of a member or authorized representative of a member

ALTON C ALVES DE AVIZ

Typed or printed name of signee

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Filing Fee: \$25.00

2017 OCT 30 AM 8:59