Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H1700028585#3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS ACCOUNTING AND INCOME TAX SVCS CORP.

Account Number : I20060000141

: (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.\*\*

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

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Page Count	01
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# COVER LETTER

H170002858513

TO:	Registration Sec Division of Corp	tion orations		
	NET GRAN	ITE LLC		
SUBJI	CCT:	Name of Limite	ed Liability Company	
		Amendment and fee(s) are submadence concerning this matter to		
Please	return all correspon	ndence concerning and matter to	, mo 10110 mm.g.	
		ANIBAL QUINTAO		
			Name of Person	
		EXPRESS ACCOUTING I	NCOME TAX SERVICE	
			Firm/Company	<u></u>
		3927 N FEDERAL HWY	_	
			Address	
		POMPANO BEACH, FL 3	3064	
			City/State and Zip Code	
		eaclients@gmail.com	o be used for future annual report notifi	cation)
				,
For fi	urther information of	concerning this matter, please ca		
ANII	BAL QUINTAO		954 788-7400 at ()	
	Name o	of Person	Area Code Daytime	Telephone Number
Encl	osed is a check for t	the following amount:		
■ \$	325.00 Filing Fee	☐ \$30.00 Filing Fcc & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy tenclosed)	□ \$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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HI7 0002858 513

(A Florida L	Company as it now appears on our rec- limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 09/13/2012	and assigned
he Articles of Organization for this Limited Liability Co.	impany word med on	
lorida document number L12000117388	_·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
	*1	281
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
ne new name must be distinguished to the total and		( <sup>27</sup> ) 
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	<u></u>	
rincipal office and coo fixes:	<del></del>	
		<u></u>
		gra.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
3. If amending the registered agent and/or regist registered agent and/or the new registered office add	tered office andress on our rec ress here:	ords, enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street a	nddress
	Enter Florida street a	address Florida

# 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, enter the title, name, and address of each person being added or removed from our records:

# 17 000 28 585 13

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	AILTON C ALVES DE AVIZ	4101 BELLASOL CIR 1212	
		FORT MYERS, FL 33916	Remove
			Change
			□ Remove
		<u> </u>	☐ Change
-			
			Remove
			Change
			Add
			☐ Remove
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			Add
			Remove
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			☐ Change

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ctive date, if other than the d effective date is listed, the date must b		90 days after filing.) Pursuant to 605.
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	effective date, but not an effective time, a	at 12:01 a.m. on the earlie
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