## <u>Lizopoi 27 556</u>

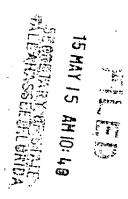
(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Division of Cor	porations		•
PLAZZA N SUBJECT:	NATURAL STONE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	PAOLO PLAZZA		
		Name of Person	
	PLAZZA NATURAL STO		
		Firm/Company	
	17308 CARRIAGE WAY		
		Address	
	ODESSA FL 33556		
	·	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
		at (	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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)

TO:

Registration Section

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**

## PLAZZA NATURAL STONE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Lim	itled Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number L12000122550	pany were filed on 9/25/2012	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:	,	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	or the abbreviation "L.L.C"	···
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	•	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:	d office address on our records, here:	, enter the name of	the nev
New Registered Office Address:			Star Star
	Enter Florida street address . Flo	rida A	
	City	Zip Code	J -
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	<b>3</b> /5 <b>9</b>	
I hereby accept the appointment as registered agent and			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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ELIZABETH SANBORN	17308 CARRIAGE WAY	■ Add
		ODESSA FL 33556	Remove
	•		Change
SEC	STEPHANIE SANBORN	17308 CARRIAGE WAY	■ Add
		ODESSA FL 33556	□ Remove
			☐ Change
<del></del>			Add
		· 	Remove
			□ Change
		******	· □ Add
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) re than 90 days after filing ) Pursuant to	605 02
te: If the date inserted in this block does not meet the applicable statutory filing	requirements, this date will not be	isted a
nument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective tir he 90th day after the record is filed.	ne, at 12:01 a.m. on the ea	rlier
he your day after the record is filed.		
- MAY 5TH 2015		
$ed \underline{MAY} \underline{3}^{\prime\prime}, \underline{3015}$		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00