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COVER LETTER

	egistration Se ivision of Cor		· , , , , ,	•			
SUBJECT	GRANIT	E RENOVATION LLC		•			
SUBJECT	·	Name of Lim	ited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	ırn all correspo	ndence concerning this matter	to the following:				
		MIGUEL M MENDC	ZA				
			Name of Person				
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
		1139 TIMBERBEND	CIRCLE				
		ORLANDO, FL. 328	City/State and Zip Code				
		•	to be used for future annual	report notification	1)		
For further	information co	oncerning this matter, please c	all:				
MIGUE	L M MEND	OZA	407 5	38-7487			
	Name of	f Person .	Area Code	Daytime Telep	hone Number		
Enclosed in	s a check for th	ne following amount:					
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		Solution States of Certificate of Certified Cortified Co	f Status Cook	moute parties
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, FL 32314	Registra Division Clifton I	T/COURIER Al tion Section of Corporations Building secutive Center C		2: 15	Present !

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRANITE RENOVATION LLC (Name of the Limited Liability Companication (A Florida Limited Liability Companication)	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company velorida document number L12000131668		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		SSE SE
New Registered Office Address:	Enter Florida street address	S 2: 5

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	AVILA LEANDRO	3416 TENNESSEE TER	
		ORLANDO, FL. 32806	■ Remove
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 Effective	date, if other than the date of filing: (optional)
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