# L1200154313

| (Requestor's Name)                      |              |
|---|--------------|
| (Address)                               |              |
| (Address)                               |              |
| (City/State/Zip/Phone #)                |              |
| PICK-UP WAIT                            | MAIL         |
| (Business Entity Name)                  | <del> </del> |
| (Document Number)                       |              |
| Certified Copies Certificates of        | Status       |
| Special Instructions to Filing Officer: |              |
|   |              |
|   |              |
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Office Use Only



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January 8, 2013

LEONARDO COELHO 4623 CASON COVE DR APT 1228 ORLANDO, FL 32811

SUBJECT: CLC GRANITE WORKS LLC

Ref. Number: L12000154313

We have received your document for CLC GRANITE WORKS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 013A0000048

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

# CLC GRANITE WORKS 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:

## LEONARDO COELHO

Name of Person

## CLC GRANITE WORKS LLC

Firm/Company

# 4623 CASON COVE DR APT 1228

Address

ORLANDO-FL 32811

City/State and Zip Code

LEOCU@MSN.COM

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

For further information concerning this matter, please call:

LEONARDO COELHO

...407,350 8548

Name of Person

Area Code & 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
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO, ARTICLES OF ORGANIZATION **OF**

### **CLC GRANITE WORKS LLC**

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

| The Articles of Organization for this Limited Liability Co   | mpany were filed on 12/11/2012             | and assigned                   |
|--|--|--------------------------------|
| Florida document number L12000154313   | <u>.</u>                                   |                                |
| This amendment is submitted to amend the following:  |  |                                |
| A. If amending name, enter the new name of the limite  | ed liability company here:                 |                                |
| The new name must be distinguishable and end with the word: "L.L.C."                                       | s "Limited Liability Company," the designa | tion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  |  | £ 3 20                         |
| (Principal office address MUST BE A STREET ADDRE   | <u> </u>                                   | 7-71 -                         |
|  |  |                                |
|  |  | SET OF THE                     |
| Enter new mailing address, if applicable:  |  |                                |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                                |
| •  |  | ्राण ज                         |
| B. If amending the registered agent and/or registe registered agent and/or the new registered office addre |  | nter the name of the new       |
| Name of New Registered Agent:  |  |                                |
| New Registered Office Address:   |  |                                |
|  | Enter Florida stre                         | et address                     |
|  | , Flori                                    | da                             |
|  | City                                       | Zip Code                       |
| 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>              | Type of Action |
|--------------|-----------------|-----------------------------|----------------|
| MGR          | LEONARDO COELHO | 4623 CASON COVE DR APT 1228 | Add            |
|              | ORLANDO -FL     | Remove                      |                |
|              |                 | 32811                       | _              |
|              |                 |                             | _ Add          |
|              |                 |                             | Remove         |
|              |                 |                             | _              |
|              |                 |                             | Add            |
| •            |                 |                             | Remove         |
|              |                 | 2013<br>2013                |                |
|              | Ari ASS         | Add                         |                |
|              | SEE F           | Remove                      |                |
|              |                 |                             | Add            |
|              |                 | Remove                      |                |
|              |                 |                             |                |
|              |                 |                             | Add            |
|              |                 |                             | Remove         |
|              |                 |                             |                |

| D. If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------|---|
|          |   |
|          |   |
|          |   |
|          |   |
|          | A   |
|          |   |
| Dated    | 03 JANUARY 2013 / <b>/ / / / / / / / / </b>   |
|          | ( /   |
|          |   |
|          | Signature of a member or authorized representative of a member                                |
|          | LEONARDO COELHO  Typed or patited name of signee  |
|          |   |
|          | Page 3 of 3   |
|          | Filing Fee: \$25.00   |

PILES PH 3: 55
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