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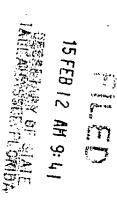
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J. SHAVERS FEB 1.9 2015

COVER LETTER.

TO:	Registration Sectorial Division of Corp			
SUBJE	CT. DIAMONE	GRANITE INSTALAT	TION LLC	•
SUBJE	UI:	Name of Limi	ted Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		ERNEST LOPEZ		
			Name of Person	
		LOPEZ & COMPAN	Y	
			Firm/Company	
		10906 SHELDON R	D	
			Address	
		TAMPA FL 33626		
			City/State and Zip Code	
		ERNEST@ELOPEZE	PA.COM	
		E-mail address: (1	to be used for future annual report not	fication)
For furt	her information co	ncerning this matter, please ca	ail:	
ERNE	ST LOPEZ		813 888-8811	
	Name of	Person	Area Code Daytin	e Telephone Number
Enclose	d is a check for the	e 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)
	MAILI	NG ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAMOND GRANITE INSTALATION 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	Company were filed on 02/27/2014	ļ ₂	and assigr	ned
Florida document number L14000033893				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
DIAMOND GRANITE & MARBLE WORKS L	LC			
The new name must be distinguishable and end with the words "I	imited Liability Company," the designation "	'LLC" or the abbrev	iation "L.L	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)			
		ments Television		
			<u></u>	
Futer new melling address if applicables			FEB	
Enter new mailing address, if applicable:				T. \$3 T. 2
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	2	-
		i i i	7	FM
			يو ا	
B. If amending the registered agent and/or reg	istered office address on our reco	ords, enter the	name of	the new
registered agent and/or the new registered office ad	ldress here:	The state of the s	i —	
		*		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street add	dress		
		Florida		
	, City		ip Code	
New Degistered Agent's Signature if changing Register	red Agent			

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

is amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
	
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Effective date, if other than the date of (The effective date must be specific, cannot be provided the date this document is filed by the Florida D	rior to date of receipt or filed date and cannot be more than 90 days after
Dated 2/9	<u> </u>
0000	
Signat	ure of a member or authorized representative of a member
MARCELO PORTAL S	ANCHEZ
 	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

