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ORIDA

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
Mejias Lor	oez Marble & Granite LLC	•	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Tomas Mejias	
	······	Name of Person	
•	, 1	1101.1	
	Mejias Lop	ez Hanble & Chanile A	LAC
		312 SE 18th Ave	
		Address	
		Cape Coral, FL 33990	
		City/State and Zip Code	
		niareyes249@yahoo.com	在1000
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	SSE 3 F
Tomas Mejia s		239 745-7483	E P
	of Person	at () Area Code Daytime Telephone	
Nume	717 (750)	Mea Code Daytime receptione	35 H 36
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		0.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy
		{	additional copy is enclosed)
MAII	ING ADDRESS:	STREET/COURIER ADDR	rec.
Regist	ration Section	Registration Section	EA.1.7.
Division of Corporations		Division of Corporations	
	lox 6327 assec, FL 32314	Clifton Building 2661 Executive Center Circle	
1 411411		End Excounte Come Chele	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

larble & Granite LLC	
ty Company as it now appears on our Limited Liability Company)	r records.)
Company were filed on <u>04/16/201</u>	4 and assigned
ited liability company here:	
ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
RESS)	<u> </u>
stered office address on our i	AHASSEH, FLORIDA
ress here:	ectorus, enter the name of the m
	
Enter Florida stree	et address
	, Florida
City	Zip Code
	ty Company as it now appears on our Limited Liability Company) Company were filed on ited liability company here: ited Liability Company," the designation of the

If Changing Registered Agent, Signature of New 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 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
AMBR	Carlos E. Morera	312SE 18 Ave Cape Coral Fl 33990	■ Add
		,	Remove
			Change
AMBR	Onicl Otura Milian	1507NE 2 TER Cape Coral FI 33990	
			Remove
			Change
			□ Remove
		 	26 Change
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			Change
			Add
			☐ Remove
			Change
1			Add
			Remove
			Change

. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective	٠, ٢	
(If an effective	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605020	07 (
Note: If t	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	is th
document	's effective date on the Department of State's records.	
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	of:
) The 90	Oth day after the record is filed.	
	2/20/ 20	
Dated	7/20/2017	
	Signature of a member or authorized representative of a member	
	TOMOS. A-MRITAS	
	Typed or printed name of signee	

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Filing Fee: \$25.00