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(Re	equestor's Name)	
(Ad	dress)	
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K.SALY EXAMINER SEP 15 2015

COVER LETTER

TO: Registration So Division of Con			
	INAL GRANITE & CABINE	TS LLC	r
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CARLOS LONDON		
ر ما در		Name of Person	
	LONDON EXPRESS INT	ERNATIONAL INC	
		Firm/Company	
	2750 MICHIGAN AVE, S	UITE B-2	
		Address	
	KISSIMMEE, FLORIDA,	34744	
·	LONDON2750@HOTMAI	Chystate and Elp Code	• • •
	-	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
CARLOS LONDON		321 3776175	
- Name o	f Person	at ()	Telephone Number
Enclosed is a check for t	he 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)
			(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

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ARTICLES OF C	ORGANIZATION , , ,
O	OF CILES
	ORGANIZATION Property of the
THE ORIGINAL GRANITE & CABINETS LLC	PM =
(A Florida Limited)	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L14000103680}{L14000103680}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	2750 MICHIGAN AVE, SUITE 4
	KISSIMMEE, FLORIDA 34744
Enter new mailing address, if applicable:	2750 MICHIGAN AVE, SUITE 4
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FLORIDA 34744
n en	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
registered agent and/or the new registered office address her Name of New Registered Agent:	
registered agent and/or the new registered office address her	
registered agent and/or the new registered office address her Name of New Registered Agent:	Enter Florida street address
registered agent and/or the new registered office address her Name of New Registered Agent:	Enter Florida street address
registered agent and/or the new registered office address her Name of New Registered Agent:	Enter Florida street address

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:

<u>Title</u>	Name	Address	2015 oct	Type of Action
	**************************************		SECRETARY OF	Add
		·	FILED 2015 SEP 11 PM 5: 16 SECRETARY OF STATE FALLAHASSEE, FLORIDA	□ Remove
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ffective date, if oth an effective date is listed lote: If the date inser ocument's effective d	d, the date must be spec ted in this block doe	cific and cannot be per es not meet the ap	prior to date of filing			
e record specifies The 90th day aft			not an effectiv	ve time, at	12:01 a.m.	on the earlier o
ated	2	2015 ————————————————————————————————————	,			
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Page 3 of 3

Filing Fee: \$25.00