

L14000103680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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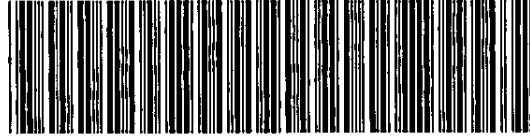
(Business Entity Name)

(Document Number)

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FILED
2015 OCT 27 AM 10:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 28 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE ORIGINAL GRANITE& CABINETS,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:

CARLOS LONDON

Name of Person

LONDON EXPRESS INTERNATIONAL, INC

Firm/Company

2750 MICHIGAN AVE, SUITE B-2

Address

KISSIMMEE, FLORIDA,34744

City/State and Zip Code

LONDON2750@HOTMAIL.COM

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

For further information concerning this matter, please call:

CARLOS LONDON

321 377-6175

at ()

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**

THE ORIGINAL GRANITE & CABINETS, 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 JUNE 30, 2015 and assigned
Florida document number L14000103680.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JAVIER J DIAZ

New Registered Office Address:

2750 MICHIGAN AVE, SUITE 4

Enter Florida street address

KISSIMMEE

Florida

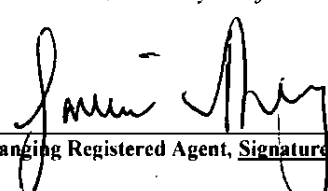
34744

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 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA IZAYAS	2901 TAMPA AVENUE	<input type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAVIER J. DIAZ	2901 TAMPA AVENUE	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SUPV	JAVIER DIAZ	2901 TAMPA AVENUE	<input type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAVIER DIAZ	2901 TAMPA AVENUE	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
TALLAHASSEE
OFFICE OF THE
CLERK OF THE
SUPREME COURT

FILE

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

JAVIER DIAZ

Typed or printed name of signee

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SECURITY OF STATE
TALLAHASSEE, FLORIDA