L14000172446

(Req	uestor's Name)
(Add	lress)
(Add	lress)
(City	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	iness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
Λ	
LUMPS for	CAL
U	Office Use Only



000337519340

13/09/19--01007--025 **52.50



O SIMMONS



January 11, 2020

KELLY FARELLA 1544 MARKET CIRCLE UNIT 906 PORT CHARLOTTE, FL 33953

SUBJECT: GRANITE FOREVER USA, LLC

Ref. Number: L14000172446

We have received your document for GRANITE FOREVER USA, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 820A00000787

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Granite	Forever	USA	LLC
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Kelly	Farella Name of Person		
	_ Granite	Name of Person Porever Firm/Company	USA	LLC
	1544 Mar	Ket Circle Address	e Uni	t 906
	Port Char Sales @ a	lotte, FL	3395	3
	Sales @ a	ranite fore	VC - CO	nr)
For further information	concerning this matter, please c	all:		
Kelly Far	ella of Person	at (<u>941</u>) Area Code	<u>U⊋S− (</u> Daytime Γ	271 elephone Number
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fe Certified Copy (additional copy is e		☐ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

branite to	rever USA LLC
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	ability Company were filed on $11/03/2014$ and assigned 2446 .
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abhreviation CL.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
	To the second se
Enter new mailing address, if applicable:	PATE 06
(Mailing address MAY BE A POST OFFICE)	BOX)
B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office address on our records, <u>enter the name of the new registered</u> is here:
Name of New Registered Agent:	Kelly Farella
New Registered Office Address:	Kelly Fairella 1544 Market Circle Unit 906 Emer Florida street address
	Port Charlotte Florida 33953
Name Desistanted Assent's Signature if changing I	

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.

Kelly C + Grelle

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	Mykhailo Sorocler	1544 Market Circle Unite	o 6 _□Add
		Port Charlotte, FL 33953	_ [X Remove
			_
	7 TO 10 TO 1		_ IJAdd
		SECRE	Remove Change I Remove Change I Change I
		AHASSET	N 28Ad
		——————————————————————————————————————	_ □ Change
			_ DAdd
			_ □Remove
			[] Change
			_ 🗆 Add
			_ □Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			-

			,			
		· · · · · · · · · · · · · · · · · · ·	·····			
						
			+			·
					·	
					<u>ဟ</u>	3.1.
				· · · · · · · · · · · · · · · · · · ·		ة <u>.</u>
					ALL V	₩ 28-
					388 7 - 7	<u> </u>
			· · · · · ·		in sa	— (
						06
		<u></u>				
	<u> </u>					
			, , , , , , , , , , , , , , , , , , , 			
						
					· · · · · · · · · · · · · · · · · · ·	
an effective date is lis	ther than the date o sted, the date must be spec	tific and cannot be pa	rior to date of filing	, or more than 90 day		
	serted in this block doe e date on the Departme			filing requiremen	ts, this date will no	ot be listed a
record specifies a c Lis filed.	lelayed effective date, t	out not an effectiv	e time, at 12:01 a	i.m. on the earlier	of: (b) The 90th	day after the
1	- 2	_				
mind // (100)	uary. 20	<u>202</u>	<u>,0</u> .			
ated $\frac{-\mathbf{q}\omega\mathbf{r}t}{2}$	/	A /.				
pated <u>Jan</u> ,	Lella a =	farelle	_			

Filing Fee: \$25.00