Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001032813)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX PLACE

Account Number : I20100000011

Phone

: (954)369-4444

Fax Number

: (954)369-4446

Enter the email address for this business entity to be used for futur€ annual report mailings. Enter only one email address please.

Email:	Address.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRANITBRAZ LLC

Certificate of Status	0
Certified Copy	0
Page Count	.04
Estimated Charge	\$25.00

APR 2 9 2015 J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GranitBraz LLC			
(Name of the Limited Liebility Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000023243</u>	and assigned		
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 end with the words "Limited Liab	bility Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	69 Dorset B		
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33434		
		7 23	
Enter new mailing address, if applicable:	69 Dorset B	IS APR	
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33434	SS 28	
		EEC A T	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Benjam	Ivo Correa	20900 Concord Green Drive	
		Boca Raton, FL 33433	■ Remove
MGR	Benjamin S Magalhaes	69 Dorset B	Add
		Boca Raton, FL 33434	□ Remove
MGR	Isac S Magalhaes	69 Dorset B	■ Add
	,	Boca Raton, FL 33434	☐ Remove
	~·····································		
			□ Remove
·:			SE AND
			APR REBO AH E
		·	AH 8: 24
			□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated April 23, 2015.
	Signature of a member or authorized representative of a member
	Ivo Correa
	Typed or printed name of signes

Page 3 of 3

Filing Fee: \$25.00

2015 APR 28 AM 8: 28

IS APR 28 AM A: