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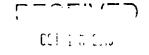
(Re	questor's Name)	
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(Do	cument Number))
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

TO:	Registration Se Division of Cor		:		
(1 110.11	1.CTP	WALTER STONE & MA	RBLE LLC		
SUBJE	.CI:	Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		WA	LTER E. LANUZA CAMA	S	
			Name of Person		-
			Firm/Company		20 3
		437	LOS ALTOS WAY APT.	203	是 四 四
Address			Address		瑟万萬
		ALTA	AMONTE SPRINGS, FL 32	2714	THE PLANT OF THE PROPERTY OF T
		WAI	City/State and Zip Code LTERLANUZA@GMAIL.O	СОМ	PINED PH 5: 37
		E-mail address: (to be used for future annual rep	oort notification)	
For fun	ther information c	oncerning this matter, please ca	all:		
	WALTER E.	LANUZA CAMAS	407 at ()	668 - 2593	
	Name o	f Person	Area Code	Daytime Telephone Number	•
Enclose	ed is a check for th	ne following amount:			
■ \$ 25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &
		ING ADDRESS:		COURIER ADDRESS:	
		ration Section on of Corporations	Registration Division of	i Section Corporations	
	P.O. B	ox 6327	Clifton Bui	lding	
	Tallaha	assee, FL 32314	2661 Execu	itive Center Circle	

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARBLE LLC		
as <u>it now appears</u> ility Company)	on our records.)	
ere filed on	07 / 28 / 2015	and assigned
y company her	<u>re</u> :	
Company," the de	signation "LLC" or the abba	reviation "L.L.C."
·		·
		EST IS A
	•	5: 37 LORIO
e address on	our records, enter t	he name of the
Enter Flori	da street address	
		
City	, Florida	Zip Code
	ere filed on or company her Company," the de	ere filed on

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>	Address	Type of Action
MGR	YARIANA MARIE LANUZA	437 LOS ALTOS WAY APT. 203	□ Add
		ALTAMONTE SPRINGS, FL	
		32714	Remove
			■ Change
MGR YARIAN	WALTER E. LANUZA CAMAS	437 LOS ALTOS WAY APT. 203	□ Add
		ALTAMONTE SPRINGS, FL	
		32714	□ Remove
	ALTAMONTE SPRINGS, FL 32714	☐ Change	
			□ Add
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(If an effective de Note: If the o	te, if other than the datate is listed, the date must be date inserted in this block ffective date on the Department.	specific and cannot does not meet the	be prior to date of f applicable statut	iling or more than 90 c			
	pecifies a delayed e day after the record		out not an effe	ective time, at 1	2:01 a.m. or	the earlier	of:
Dated	10 / 11	2018	·				
	<	Valleti	Б				
_		mature of a member	or authorized repre	sentative of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00