

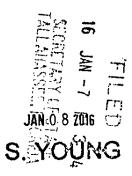
(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·-





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COVER LETTER

Registration Section

TO:

Division of Corp	orations		
SUBJECT: 6	ranite Guys	life LLC	
	Name of Lim	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Maile	1 Freites	
	- Gramite	Cus Life L	<u>A</u> C
		/ Firm/Company	, 1
	6228 6	reting Green C	of N Sin 5
	Pinellas	Address Park Pl	33787
		City/State and Zip Code	/
	Jaguema -	te 305 @ Gmai,	ication)
Dan Carles 1 Co. 14	E-man address. (ication)
For further information col	ncerning this matter, please c	all:	,,,,,,
Mai Rel	Theiles	at(8/3)_377	-7844
Name of I	Person		e 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)
	NG ADDRESS: ion Section	STREET/COURI Registration Section	
Division P.O. Box	of Corporations	Division of Corpor Clifton Building 2661 Executive Ce	ations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Granite Guy:	s life	LLC
(Name of the Limited Liability Comp (A Florida Limited	any as it now apper Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	y were filed on _	8/2 4/ 30/5 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company h	ere:
		·
The new name must be distinguishable and contain the words "Limited Liab	ollity 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)	 	<u> </u>
		to the transmission
Enter new mailing address, if applicable:		A THE STATE OF THE
(Mailing address MAY BE A POST OFFICE BOX)	-	70, 70
		By W
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		n our records, <u>enter the name of the new</u>
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Flo	orida 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 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>	Name	Address	Type of Action
AMBK=	Maikel Freites	6228 Gretna Green Of N	Add
		Birellay lak Pl 33781	□ Remove
			Change
		 	Add
			□ Remove
		PO P	Change
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		THE PART OF THE PA	_☐ Change
			_□ Add
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ve date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filin	(optional)
If the date inserted in this block does not meet the applicable statutory	
nent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effect	tive time at 12:01 a.m. on the car
90th day after the record is filed.	tive time, at 12.01 a.m. on the ear
Sept 17, 2015.	
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Page 3 of 3

Filing Fee: \$25.00