

LP 5000148111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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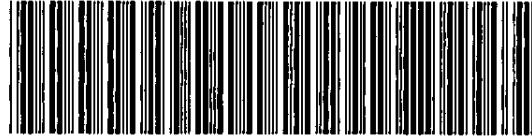
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
JAN 08 2016  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Granite Guys life 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:

Maikel Freitas  
Name of Person

Granite Guys life LLC  
Firm/Company

6228 Gretna Green Ct N  
Address

Pinellas Park FL 33781  
City/State and Zip Code

Jaquemat305@gmail.com  
E-mail address: (to be used for future annual report notification)

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16 JAN - 7 PM 3:14  
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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Maikel Freitas at (813) 377-7844  
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

Granite Guys Life LLC

The Articles of Organization for this Limited Liability Company were filed on 8/29/2015 and assigned  
Florida document number L 15000148111

Page 1 of 3

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>
AMBR=	Maikel Freitas	6228 Gretta Green Ct N	<input checked="" type="checkbox"/> Add
		Pinellas Park FL 33781	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)


(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated Sept 17, 2015

  
Signature

Gabin N Fuentes

Typed or printed name of signee