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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MAD GRANIE DESIGN 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:
MNOEL KORT-KAMP  Name of Person
MHD GRANITE DESIGNALL
4310 NW 35th Cf
$\frac{M1AM1 - Fl - 33142}{OCity/State and Zip Code}$
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MANOEL KORT-KAMP at 305 300 -2471 Fine Telephone Number 1
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Cortificate 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

### TO TO

## TO ARTICLES OF ORGANIZATION OF

MHD GRANI	TE DEC	10N L	ll		
( <u>Name of the Limited</u> (A	Liability Company as it Florida Limited Liability	t now appears on ou y Company)	r records.)		
The Articles of Organization for this Limited Liab Florida document number <u>ム15000 』</u> 別	ility Company were	filed on OG	21/16.	and ass	signed
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	<u>ie limited liability c</u>	ompany here:			
The new name must be distinguishable and contain the word	ls "Limited Liability Cor	npany," the designati	on "LLC" or the abbr	eviation "L.	L.C."
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET)	ADDRESS)			2016	
			2	=	1 1 
Enter new mailing address, if applicable:			Color Color	27	TT
(Mailing address MAY BE A POST OFFICE BO	 (X)		ارمان المسلمة المان المسلمة	. w	J
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B. If amending the registered agent and/or registered agent and/or the new registered offic		address on our	records, <u>enter t</u>	<u>ie name</u>	of the nev
Name of New Registered Agent:	<del></del>				
New Registered Office Address:					
		Enter Florida stre	eet address		
		`ity	, Florida	Zip Code	
	Ü	ну		zip Guut	

#### 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

or removed	from our records:	authorized to mane	agu, <u>utter tilu titiu, lialilu, alla addi uuu ut uadii p</u>	,utout builing added
	lanager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	SUCCESS IN	IESTMENTS.	4310NW 35th ct, MIAM, FL-33142	_□ Add
	LTD		76-33142	Remove
				Change
MGR	EDUARDOR.	51Ut-Stre	4310 NW 35th Ct	
			MIAMI-F1-33142	Remove
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E. Effective date, if other than the date of filing: (optive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	tional) er filing.) Pursuant to 60: nis date will not be list	5.0207 (3)(b ted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on the earli	er of:
Dated $06/21$ , $2016$ .		
Signature of a member or authorized representative of a member		
MANOCL KORT KAN  Typed or printed name of signee	VP	

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Filing Fee: \$25.00