## L16 0000 37248

(Re	questor's Name)	
(Ado	dress)	<u> </u>
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
2121		
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Office Use Only



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THE AUGUST OF STATE

**S Warren** AUG 2 5 2016



June 16, 2016

JESUS QUINTANA 321 MONTGOMERY ROAD, SUITE 160005 ALTAMONTE SPRINGS, FL 32714

SUBJECT: UPTOWN GRANITE & MARBLE LLC

Ref. Number: L16000037248

We have received your document for UPTOWN GRANITE & MARBLE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 716A00012692

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Uptown Granite & Marble 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:
TESUS Quintang Name of Person
Uptown Granite & Marble LLC Firm/Company
Firm/Company  321 Montgo Mery Rd. Ste. 160005  Address
A tamonte Soings to 36/19  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tesus Quintang at (407) 272-8905  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Votown Franite &	Marhle	> LC.	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears of ability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L Ne 00037248</u> .	• /-	7-23-201	o and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here	;	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
·			
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
			·
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:		our records, enter	the name of the new
New Registered Office Address:	Entay Clavid	u street address	
	Enter Florida		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m rovided for in Ch address, I hereby	y duties, and I am f apter 605, F.S. Or,	amiliar with and if this document is nited liability
if Chan	Rink Wefisteren Weet		
Page 1	of 3	) F STAI	

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

Title	<u>Name</u>	Address	Type of Action
MBR	Roberto Rodriguez	321 Montgomery Rel	SUITE ) 6000.
		Alternate Springs, Fl. 377	
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·			🗖 Remove
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			🗆 Add
			□ Remove
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		P P	Remove
		STATE LORIDA	Change

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