

216000037248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

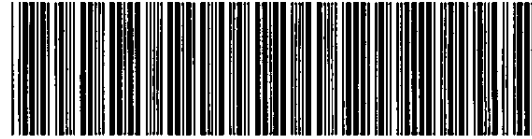
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



800305203678

11/14/17--01009--001 **30.00

RECEIVED
17 NOV 13 AM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1080

2017 NOV 13 AM 8:27

OF SO
FLOR

Office Use Only

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:

Lorraine D. Powell

Name of Person

Strategic Payroll, LLC

Firm/Company

705 W. SR 434, Suite D

Address

Longwood, FL 32750

City/State and Zip Code

gtlmgmt@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorraine D. Powell

407

402-3840

at (_____) _____

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

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	Marcos A. Ramirez	5936 Sagunto Street	☒ Add
		Orlando, FL 32807	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

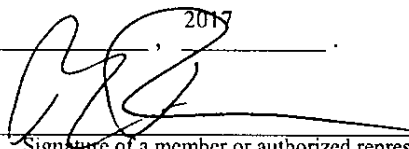
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
17 NOV 13 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 11/01/2017 (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 November 3, 2017

✓ 

Signature of a member or authorized representative of a member

Nicholas Rodriguez

Typed or printed name of signee