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LEGGETT OR

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Divi	ision of Corp	orations				
SUDIECT.		e Solutions of Phoenix, LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Abigail C. Watts-FitzGera	ld			
			Name of Person			
		Devine Goodman Rasco &	z Watts-FitzGerald, LLP			
			Firm/Company	····		
		2800 Ponce de Leon Boule	evard, Suite 1400			
			Address			
		Coral Gables, Florida 3313	34			
			City/State and Zip Code	···		
		awf@devinegoodman.com				
		E-mail address: (to be used for future annual report notifi	cation)		
For further in	formation co	ncerning this matter, please ca	all:			
Abigail Watt	s-FitzGerald		305 374-8200			
	Name of	Person	at ()	Telephone Number		
Enclosed is a	check for the	following amount:				
■ \$25.00 Fi	ling 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

TO:

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

Natural Stone Solutions of Phoenix, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 3, 2017 and assigned Florida document number L17000050833 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Quesousa Tulsa, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Zip Code City

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 = N	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
			☐ Remove
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e record specifies a delayed effective date. The 90th day after the record is filed.	, but not an	effective tir	ne, at 12:01 a	.m. on	the earlie	er of
February 23 20	018					
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Typed or printed name of signee

Filing Fee: \$25.00