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COVER LETTER

TO:

Registration Section

Division of Cor	porations .		r.
SUBJECT: Mil	LENIA GRANITI	E, LLC	•
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	HECTOR V MillENIA	ALLE	
	Nillain	Name of Person	
	MINKINIT	GIMINIE, UC	
		Firm/Company	
	4575 EME	RSON PACK De =	#213
	$\alpha + 1$	Address	
	ORLANDO,	FL 32839 City/State and Zip Code	
	10/1/1/5/10/	City/State and Zip Code MAIL · WM	
	MANUESTE	AINHIL OM	
	E-mail address: (to be used for future annual report notific	ation)
For further information c	oncerning this matter, please c	all:	
HECTOR	VALLE	at (321) 420-2	186
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	ne following amount:		
	_	\$55.00 Filing Fee &	□ \$40.00 Filing For
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIE	R ADDRESS:
	ation Section n of Corporations	Registration Section Division of Corporati	ions
P.O. Be	ox 6327	Clifton Building	
Tallaha	issee, FL 32314	2661 Executive Cent Tallahassee, FL 3230	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 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. Pr, 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 amendin	ng Authorized Person(s) authorized to r d from our records:	nanage, <u>enter the title, name, and</u>	l address of each person being added
MGR =			
<u>Title</u>	Name	Address	Type of Action
		 	Remove
			☐ Change
			O Add
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ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days	
If the date inserted in this block does not meet the applicable statutory filing requirements, ent's effective date on the Department of State's records.	, this date will not be his
ord specifies a delayed effective date, but not an effective time, at $12:0$ 90th day after the record is filed.	01 a.m. on the earl
April 1. 2018	
APRIL 2 2018	
HecTor Valle Signature of a member or authorized representative of a member HECTOR VALLE	
Signature of a member or authorized representative of a member	
HECTOR VALLE	

Page 3 of 3

Filing Fee: \$25.00