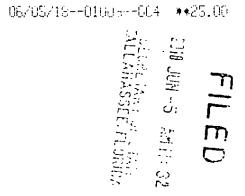
## 1/700088357

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## COVER LETTER

TO: Registration S Division of Co			
	ANITE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SILVESTRE MARIN-M	ARTINEZ	
		Name of Person	<u> </u>
	E & S GRANITE LLC		
		Firm/Company	
	P O BOX 55084		
	<del></del>	Address	
	JACKSONVILLE, FL 32.	216	
		City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notif	cation)
For further information	concerning this matter, please c	all:	
SILVESTRE MARIN-	MARTINEZ	904 235-6414	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E & S GRANITE LLC		
(Name of the Lim	ited Liability Company as it now appears or (A Florida Limited Liability Company)	our records.)
the Articles of Organization for this Limited I lorida document number L17000088357	iability Company were filed on FLOR	IDA and assigned
his amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the desig	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on ou	ir records, enter the name of the
egistered agent and in the new registered to	mice address nere.	
Name of New Registered Agent:	SILVESTRE MARIN-MARTINEZ	AHA.
New Registered Office Address:	1901 university blvd north	25
	Enter Florida .	street address
	JACKSONVILLE	Florida 32011
	City	Zip Gode

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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
	EDGAR LOZANO-GUEVARA	1901 university blvd north Jackson	□ Add
			Remove
			Change
			□ Add
			Pemove
			Change
			Add
			☐ Remove
			Change
			□ Remove
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			Remove
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing  ote: If the date inserted in this block does not meet the applicable statutory	(optional) g or more than 90 days after filing.) P	r 4
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. or	the earlier of
41/22/12		
ated $()6/0/.//8$		
ated $06/02/18$		
ated 06/01/8  Signulare of a member or authorized represent		

Page 3 of 3

Filing Fee: \$25.00