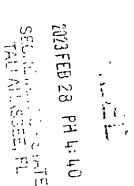
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Office Use Only



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COVER LETTER

:OT	l&egistration Se Division of Cor					
SUBJEC		ANITE LLC				
	••	Name of Line	ited Liability Company			
		Amendment and fee(s) are sub	_			
r icase re	aurii aii correspo	ondence concerning this matter	to the following:			
		SILVESTRE MARIN-M	ARTINEZ			
	-					
	Firm/Company					
P O BOX 55084					2023 SEN	
			Address		FER STATE	
		JACKSONVILLE, FL 322	216		3 28 28	
	2023 FEB 28 PM 4: 40 SECHLARD LIE FL					
		F-mail address; (to be used for future annual report	notification)	1111	
For furth	er information c	oncerning this matter, please ca	all:		n;	
SILVESTRE MARIN-MARTINEZ			904 235-641	4		
	Name o	f Person		ytime Telephone Numbe	r	
Enclosed	Lis a check for th	ne following amount:				
= \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	Certified	ite of Status &	

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E & S GRANITE LLC	Tall inhility Company as it non appear	an aux records)
(Same of the Limit	ted Liability Company as it now appea (A Florida Limited Liability Company)	IN On our records.)
The Articles of Organization for this Limited I Florida document number 1.17000088357	iability Company were filed on F	ORIDA and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	S E(C
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	/or registered office address o	n our records, enter the name of the new
Name of New Registered Agent:	SILVESTRE MARIN-MARTIN	EZ
New Registered Office Address:	1901 university blvd north	
	Enter Fle	rida street oddress
	JACKSONVILLE	, Florida ³²²¹¹
	City	Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EDGAR LOZANO-GUEVARA	1901 University blvd N	
		Jacksonville Fl 32211	☐ Remove
			☐ Change
			☐ Remove
			Change
			S BAdd 23 FE Premover 28 Dehange
			M C III C Mode
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
			
			Remove
			Change

-	
	2023 SEC T/
	TEB
	*. · · ·
	H. H
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date 1f the date inserted in this block does not meet the applicable st inent's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.
record specifies a delayed effective date, but not an ene 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlie
ed OZ/22/2023	
(ling)	
Signature of a member or authorized i	representative of a member

Page 3 of 3

Filing Fee: \$25.00