## L17000101818

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SECRETARY OF STATE

D. BRUCE JUN 12 2017

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Maya Sto Name of Limi	ne + Marblited Liability Company	eLLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Mayo 2690 Cy Naples	Name of Person  Name of Person  A Stone + W  Firm/Company  Address  FL 34/19  City/State and Zip Code  Agin 20 9 Mail C  To be used for future annual report notifications.	om INSECTION INC.
For further information co	ncerning this matter, please ca	all:	JUN - 1
Seven Name of Enclosed is a check for the	Person ()	at (239) 600 Area Code Daytime	Telephone Number STATE
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
,	Certificate of Status	Certified Copy (additional copy is enclosed)	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

Maya Stone +	Marble LLC  any as it now appears on our records.)  Liability Company)
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 417000101818.	were filed on $\frac{05/08/17}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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 of	Office address on our records enter the name of the new
registered agent and/or the new registered office address he	
Name of New Registered Agent:  New Registered Office Address:  2690	an Zengin Cypress Trace Circle Unit 3222 HEnter Florida street address
Nap	les , Florida 34/19 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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name A.	Address	Type of Action
AR	Robert Serrone	Address 1391 Sawgrass Corpore Parkway. Sunrise, FL 333323	ate Add
		Parkway. Sunrise, FL	<b>⊠</b> Remove
		33323	Change
AR	Hasan Zengin		ck Add
	9	2690 Cypress Trace Cir. Unit 3222,	Remove
		Naples, FL 34/19	Change
			Add
			□ Remove
			Change
<del></del>		TALE	<u>-</u> □ <b>∆</b> dd
		AHAS	Remove
		SEE, F	Change
		STATE LORIO	F Add ?
			□ Remove
			Change
	·		□ Add
			_□ Remove
			_□ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	TALLC TALLC
	CRE CAH
	SSEY
	- FLORIDE - COPE STRATE - COPE
(If an e	effective date, if other than the date of filing: (optional)  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 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d June the 2017.  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00