

11/1/2019

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Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MARILI CANCIO JOHNSON P.A.
Account Number : 120160000073
Phone : (305)967-6329
Fax Number : (305)470-7453

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIGVERDE SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED
2019 NOV - 1 PM 1:58
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

[Help]

COVER LETTER

To: Registration Section
Division of Corporations

SUBJECT: SIGVERDE SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILENA MITRAUD

Name of Person

MARILI CANCIO JOHNSON PA

Firm/Company

1395 BRICKELL AVENUE SUITE 660

Address

MIAMI/FL 33131

City/State and Zip Code

mitena.mitraud@qjetlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MILENA MITRAUD

786

6022332

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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

FILED
NOV -1 P 1:59
SigVerde Solutions LLC
FLORIDA
(Name of the Limited Liability Company as it now appears on our records)
(If Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/15/2017 and assigned
Florida document number L1700013140.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

UStone Cement Products & Solution LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9570 HWY 117 WAY

MEDLEY, FL

33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9870 NW 117 WAY

MEDLEY, FL

33178

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

City State 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 to be added, deleted or changed from the records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Rogério Moreira Vieira Filho	6570 NW 117 WAY	☒ Add
		Mackay, FL 33176	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

15. If amending any other information, enter change(s) here: *(attach additional sheets, if necessary)*

F. Effective date, if other than the date of filing: _____ (optional)
(If an 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 CVS 0407 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October

31 2019

Signature of a member, or authorized representative of a member

Roberta Vieira

Typed or printed name of signer