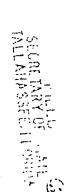
## 117000156515

(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

то;	Registration Se Division of Cor			
	USA Quart.	z. LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ondence concerning this matter	to the following:	
		Kenneth Richardson		
			Name of Person	
		USA Quartz, LLC		
			Firm/Company	
		900 Glades Road, Suite 3E	3	
			Address	<del></del>
		Boca Raton, FL 33431		
		crichardson@rdhllc.com	City/State and Zip Code	
•		E-mail address: (	to be used for future annual report notif	ication)
For furt	ther information c	oncerning this matter, please ca	all:	
Cris Ri	chardson		954 261-9667 at ( )	
	Name o	f Person	at () Area Code Daytime	· Telephone Number
Enclose	ed is a check for the	he following amount:		
□ \$25	5.00 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

USA Quartz, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number \_ L17000156515 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 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 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. 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kenneth Richardson	900 Glades Road, Suite 3B	
		Boca Raton, FL 33431	D.B
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			☐ Remove
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	d specifies a d th day after t			, but not a	n effective	time, at 12	!:01 a.m. o	n the earlie	r of:
Dated	beenter		· _ <u>i</u>	TU17_					
	-	Signatu	re of a memb	er or authorize	ed representativ	e of a member			