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(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
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(Duniages Fakiba Nama)
(Business Entity Name)
(Document Number)
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1/13/21

COVER LETTER

TO:	Registration Sc Division of Cor	ection porations		
		FRANITE LLC		
SUBJEC	7797.		nited Liability Company	.
The encl	osed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		SIDNEI ROSA DE SOUZ	ZA	
			Name of Person	
		NATION GRANITE LLC	,	
			Firm/Company	
		3449 CORONADO DR #	1501	
			Address	
		SARASOTA, FL 34231		
			City/State and Zip Code	
		piresfatima@earthlink.net E-mail address:	to be used for future annual report noti	fication)
For furth	er information co	oncerning this matter, please o	·	
SIDNEI	ROSA DE SOU	ZA	941 7874116	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fec	\$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		<u>Street Address;</u>	
	Registration S Division of Co		Registration Sec	
	DIVISION OF CA	ornorations	Division of Cor	norations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATION GRANITE LLC

company has been notified in writing of this change.

filed on 08/11/2017	_ and assigned	
ompany here:		
npany," the designation "L1.C" or the abbre	viation "L.L.C."	
	2020	
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ESFATIMA@EARTHLINK.NET	PH 2	
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ss on our records, <u>enter the name o</u>	of the new register	
		
Enter Florida street address Florida		
	Enter Florida street address Enter florida street address ity act in this capacity, I further agreed the street of my duties, and I am fam	

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Name	<u>Address</u>	Type of Action
AMBR	Fabiana Machado da Silva	3449 CORONADO DR #1501 SARASOTA, FL 342	231 ■Add
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te: If the date inser	ted in this block do	oes not meet the ap	plicable statutory fi	r more man 90 days alter ling requirements, thi	r filing.) Pursuant to 605.020 is date will not be listed a
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cord specifies a dei s filed.	ayed effective date.	, but not an effective	e time, at 12:01 a,r	n, on the earlier of: (b	b) The 90th day after the
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ted	Day	ture of a member or a			

Filing Fee: \$25.00