Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS CHOICE, INC.

Account Number : 120010000004 Phone : (954)782-1829 Fax Number : (954)697-0245

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

Email	Address:_		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

EAST COAST CUSTOM MADE GRANITE LLC

AST COAST COSTOTI MANDE CANADA CONTRACTOR CO				
Certificate of Status	0			
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Page Count	01			
Estimated Charge	\$25.00			

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AUG 0 8 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAST COAST CUSTOM MADE GRANITE LLC		
(Name of the Limited Limited Limited Limited L	ny <u>as it now appears on our records.</u>) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>U17000204800</u>	were filed on 10/03/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
COUNTERTOPS EXPRESS, LLC.		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	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 office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		86 - 8 - 34 - 34 - 34 - 34 - 34 - 34 - 34 - 3
New Registered Office Address:	Enter Florida street address	PH CONS
	, Flori	qa 🚾 📆 က်
	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
			□Add
			□Add
			Remove
			□ Change
			🖸 Remove
			Change
			①Add
			□Remove
			□Change
			DbAd
			Remove
			□ Change
			🗆 Add
			□ Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note	tive date, if other than the date of filing: (optional) (fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to meet's effective date on the Department of State's records.
the rec	ord specifies a delayed effective date, but not an offective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	a 8/7/23
	Signature of a member or authorized representative of a member
	RAFAEL BORGES MEDEIROS Typed or printed name of signes