L17000235813

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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration S Division of Co	ection rporations				
	S MARBLE AND GRANITE	LLC			
SUBJECT:	Name of Lin	nited Liability Company			
	f Amendment and fee(s) are sub	Ç			
riease return an corresp	ondence concerning this matter ANGEL D. ALMENDARES				
	D'ANGELS MARBLE AND	Name of Person GRANITE LLC			
	5468 NW 11th AVENUE	Firm/Company			
	FORT MYERS, FL 33907	Address	<u>.</u>		
	DAVIDALME79@GMAIL.CO			19 MAR	\$2500 P
Una formal major formation		to be used for future annual report notif	ication)	25	- <u>기</u> 취
ANGEL D. ALMENDA	concerning this matter, please c	239 8884994		위 나:	新 de S fi de S fi
Name (of Person	at () Area Code Daytima	: Telephone Number	60	STATE
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy tadditional copy is ea	itus &	

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

D'ANGELS MARBLE AND GRANITE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for t	this Limited Liability Compan	y were filed on _	NOVEMBER 15, 2017	_ and assig	gned
	17000235813	_			ω.
This amendment is submitted to a	mend the following:				
A. If amending name, enter the	new name of the limited lia	bility company	here:		
The new name must be distinguishable a	and contain the words "Limited Liab	oility Company," the	designation "LI.C" or the abbre	eviation "L.T.	
Enter new principal offices add	ress, if applicable:	5468 NW 11	h AVENUE		
(Principal office address MUST	• •	FORT MYER	S, FL 33907		- <u>:</u> :
				9	13 12. 12. C
				F	重流
Enter new mailing address, if a	pplicable:			25	
(Mailing address MAY BE A PO	ST OFFICE BOX)				
				<u> </u>	S [S]
B. If amending the registered	d agent and/or registered o	office address o	n our records, enter th	O, e name of	
registered agent and/or the new	registered office address her	<u>re</u> :	enter the	<u> </u>	· the he
Name of New Registere	d Arranti ANGEL D. AL	_MENDARES			
	5.000 1,000 1	- ALCENIE			
New Registered Office A	<u>Address</u> : 5468 NW 11t		orida street address		
	FORT MYER		2200	7	
			Florida	Zip Code	
New Registered Agent's Signatura	if changing Registered Agents	•		- My Cine	

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.

f Changing Registered Agent, <u>Signature of New Registered Agent</u>

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> PRESI	<u>Name</u> YARLYN J. GONZALES	<u>Address</u> 13581 EAGLE RIDGE DRIVE	Type of Action
———		#1428	
		FORT MYERS, FL 33912	
			≡ Remove
			Change
MGR	ANGEL D. ALMENDARES	5468 NW 11th AVENUE	
		FORT MYERS, FL 33907	
			Remove
		□ Remove	
			Change
			Add
			☐ Remove
			Change
		☐ Remove	
			Change
			☐ Remove
			□ Change

17.º 11 AHH	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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Note:	ve date, if other than the date of filing:
the rec o) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Tous authunbares
	/ Signature of a member or authorized representative of a member
	ANGEL D. ALMENDARES
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00