

2018-12-21 11:50  
12/21/2018

f 1 >> 850-617-6381

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**H18000002589**

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((H18000361423 3)))



H180003614233ABC

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

From:  
Account Name : ELO ENTERPRISES, INC  
Account Number : 120150000109  
Phone : (561)544-8862  
Fax Number : (954)697-0130

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2018 DEC 21 PM 12:26

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STATE OF FLORIDA  
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
USA MARBLE GRANITE AND QUARTZ LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2018 DEC 21 PM 11:02

3. PRATHEP

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Corporate Filing Menu

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2018-12-21 11:50

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ARTICLES OF AMENDMENT H18 000 36 14 23 0  
TO  
ARTICLES OF ORGANIZATION  
OF

USA MARBLE GRANITE AND QUARTZ LLC

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

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/03/2018 and assigned

Florida document number L18000002589

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

1

2

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

3

4

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:

5

6

Name of New Registered Agent:

N/A

7

New Registered Office Address:

Enter Florida street address

8

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

9

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.

10

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DOS SANTOS, SOFIA P	2216 NW 171ST TER PEMBROKE PINES, FL 33028	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DOS SANTOS, SAMUEL	2216 NW 171ST TER PEMBROKE PINES, FL 33028	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

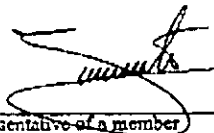
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. 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 605.0207 (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 DECEMBER 20, 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

SIDNEY PEREIRA DOS SANTOS

\_\_\_\_\_  
Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FL