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Special Instructions to F	iling Officer:	

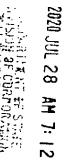
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COVER LETTER

TO:	Registration Se Division of Cor			
e1:046		STONE USA, LLC		
SUBJE	C.1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		CRISTIANA S. BAAS, CI	PA	
			Name of Person	
		GLOBAL TAX & ACCOU	JNTING, INC.	
			Firm/Company	
	5300 W HILLSBORO BLVD., STE 217			
		• • • •	Address	
		COCONUT CREEK, FL.	33073	
		ccasapava@gtatax.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	lication)
For furt	her information c	oncerning this matter, please ca	all:	
CRIST	IANA S. BAAS,		954 421-7300	
	Name o	f Person	at ()	2 Telephone Number
Enclose	ed is a check for th	he following amount:		
■ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VITORIA STONE USA LLC		2
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records I Liability Company)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The Articles of Organization for this Limited Liability Compan Florida document number 1.18000068771	y were filed on 03/16/2018	Jan Bassigned
This amendment is submitted to amend the following:		7:12
A. If amending name, enter the new name of the limited lia	bility company here:	ल्या रेड
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC"	or 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 t	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	Chy	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
AMBR	VITORIA STONE INDÚSTRIA E COMÉRCIO S/A	R. Atalydes Moreira de Souza, s/n, Lotes 11 e 12 Civi	t _ ≣Add
		Serra/ES - Brasil, CEP 29168	_ □Remove
			_ □Change
MGR	BAAS, RONALD RYAN	5300 W HILLSBORO BLVD, STE 217	_ □Add
		COCONUT CREEK, FL 33073	_ □Remove
			_ ≣Change
			_ □Add
			□Remove
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record specifies a d is filed.	elayed effective date,	but not an effective	time, at 12:01 a.m.	on the earlier of: (b) The	2 90th day after the
ated	20	2020	·		
	W. A	Lula			
	11 11/10/11/11	ire of a member or au			

Typed or printed name of signee