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COVER LETTER

Div	ision of Corpo	rations			~
SUBJECT:	SUNCOAST	ارغ: م	SEP 13 AND W		
		Name of Limi			
The enclosed	d Articles of Arr	nendment and fee(s) are subr	nitted for filing.		6
Please return	all corresponde	ence concerning this matter t	o the following:		
	·	-	<u>-</u>		•
		BRYAN REVELL			
Name of Person					
SUNCOAST MARBLE MASTERS LLC					
Firm/Company					
	4006 DUCK CREEK WAY				
		· 			
		ELLENTON, FL 34222	Address		
			City/State and Zip Code		
	-	E-mail address: (t	o be used for future annual report noti	itication)	
For further in	nformation cond	erning this matter, please ca	II:		
BRYAN RE	VFI I		0.4 00.4	7050	
	Name of Pe		at (<u>991)</u> B999 Area Code Daytin	7850 ne Telephone Number	
	Name of Fe	18011	Area Code Dayan	ic receptione reassoci	
Enclosed is a	a check for the f	ollowing amount:			
₩ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of St Certified Copy (additional copy is c	atus &

MAILING ADDRESS:

TO:

Registration Section

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**

SUNCOAST MARBLE MASTERS LLC

ARTIC	TO LES OF ORO OF	GANIZATION		Sto 13 Million
SUNCOAST MARBLE MASTERS LI (Name of the Limited)		it now appears on our r	ecords.)	THE PROPERTY OF THE PROPERTY O
The Articles of Organization for this Limited Liabi				and assigned
This amendment is submitted to amend the following. A. If amending name, enter the new name of the		company here:		
The new name must be distinguishable and contain the word Enter new principal offices address, if applicabl (Principal office address MUST BE A STREET)	e:	ompany," the designation	"LLC" or the abb	reviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>-</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic		address on our rec	cords, <u>enter t</u>	he name of the new
Name of New Registered Agent: New Registered Office Address:	Austyn 4006 D	Revell Fuch Creek Enter Florida street of	Way address J	
-	Ellenton	City	_, Florida	34222 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>	<u>Address</u>	Type of Action
MGR	AUSTYN REVELL	4006 DUCK CREEK WAY	
		ELLENTON, FL 34222	■ Remove
			□ Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			D Add
			Remove
			Change
			□ Add
			☐ Remove
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ffecti	ve date, if other than the date of filing: (optional)
an eff	ctive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ent's effective date on the Department of State's records.
	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.
me	South day after the record is med.
natod	·
aicu	·
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00