## 118000193583

(Requestor's Name)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



700321419817

12/03/18--01023--024 \*\*25.00

FILED
SING -3 P S 52

12/16 Oc

## **COVER LETTER**

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Divis	ion of Cor	porations			
SUBJECT: _	QUAL	QUALITY STONES MARBLE & GRANITE LLC			
SOBJECT: _		Name of Lim	ited Liability Company		
The enclosed a	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ill correspo	ndence concerning this matter	to the following:		
		М	ARCO A GUTIERREZ		
			Name of Person		
		QUALITY S	TONES MARBLE & GRANITE LL		
			Firm/Company	در ، در ، نوم	
Firm/Company  2172 BUFFALO ST LOT 80  Address  SARASOTA, FL 34237				. 22 FCC	
		9	SARASOTA, FL 34237		
		City/State and Zip Code		ئن من	
		<u>JESUS/ØZ</u> E-mail address: (	ASZACCOUNTING.COM_ to be used for future annual report notific	ration) v. $\aleph$	
For further inf	ormation c	oncerning this matter, please ca	all:		
J	ESUS MU	NOZ	941 226-0735 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a c	check for th	ne following amount:			
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		ING ADDRESS: ation Section	STREET/COURIE Registration Section		

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY STONES	S MARBLE & GRANITE L	LC	
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	08/13/2018	and assigned
Florida document numberE18000193583	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
The new name must be distinguishable and contain the words "Lir	air A Linkiling Community with a	Instruction "L1C" as the	a abbrariation "L. L. C."
he new name must be distinguishable and contain the words. Lir	nited Diability Company, Inc.	resignation 1.1.C of the	e appreviation (1.1
Enter new principal offices address, if applicable:	<del></del>		
Principal office address MUST BE A STREET ADD.	RESS)		
			= -71
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			7
Training dual con Will DE 11 VOL VI 1 1022 BVIN			سم. ۲۱
	•		Ŋ
3. If amending the registered agent and/or regi	stered office address of	n our records, <u>ent</u>	er the name of the p
egistered agent and/or the new registered office add	dress here:		
Name of New Registered Agent:			
New Registered Office Address:			
ten Registered Villes (Mares).	Enter Flo	rida street address	
		. Florida	
	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>	<u>Address</u>	Type of Action
MGR	EDWARD MARTIN GUERRERO	2803 NASSAU ST SARASOTA, FL 34237	<b>≣</b> AJd
			□ Remove
			□ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add T
			ा□ Remove*
			Changer çṛ S⊓ Add
			□ Remove
			☐ Change
			□ Remove
			Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<u> </u>	
,		
·		
•		
,		
•		
	اري اري ارين ارين	
		7]
	tu tu	
	<u> </u>	
	<u></u>	
	ν N	
(It an et <u>Note:</u>	tive date, if other than the date of filing: NOVEMBER 15 / 2018 (optional) Teetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records.	.0207 (3)(b ed as the
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlies 90th day after the record is filed.	er of:
Dated	Marca V	
	Signiture of a member or authorized representative of a member  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00