

L18 000219741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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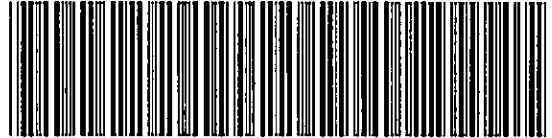
(Business Entity Name)

(Document Number)

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11-10-19  
DIVISION OF CORPORATIONS  
19 NOV 12 PM 4:31

DEC 10 2019  
C. McLAIR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: QUARRY Association LLC

Name of Limited Liability Company

FILED  
DIVISION OF CORPORATIONS  
19 NOV 12 PM 4: 31

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEONARDO VIEIRA

Name of Person

QUARRY Association LLC

Firm/Company

6250 Metro Plex Dr.

Address

FORT MYERS, FL 33966

City/State and Zip Code

JANE@EMPIRESTONE SOLUTIONS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARDO VIEIRA

Name of Person

at (239) 245 0139

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 Status &  
Certified Copy  
(additional copy is enclosed)

### 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**

QUARRY ASSOCIATION LLC

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

FILED  
DIVISION OF CORPORATIONS  
19 NOV 12 PM 4:31

The Articles of Organization for this Limited Liability Company were filed on 09/14/18 and assigned  
Florida document number 61-1901794.

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)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

**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:**

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida 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.*

N/A

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>	<u>Type of Action</u>
MGR	VIEIRA, LEONARDO	6250 Metro Plex Dr.	<input type="checkbox"/> Add
		FORT MYERS, FL 33966	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
P	VIEIRA, LEONARDO	6250 Metro Plex Dr.	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33966	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Recife, Amadeu	6250 Metro Plex Dr.	<input type="checkbox"/> Add
		FORT MYERS, FL 33966	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALFAIA DOS SANTOS JR., Amadeu	6250 Metro Plex Dr.	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33966	<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

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(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)

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.

11 / 05 / 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee