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COVER LETTER

Division of Corporations
SUBJECT: ALAMAR GRANITE LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
RAIZA RODRIGUEZ Name of Person
ALAMAR, GRANITE. LLC Firm/Company
1850 west 58 st #8
HiA/EA4, Florida 33612 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RAIZA Rodniguzz at (305) 875-6298 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations

TO:

Registration Section

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

	-KANII C	<u> </u>		
(Name of the Limited Liabilit (A Florida	y Company as it now appears Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L 18000 Z 2.0 1</u>		09-17-201	8 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the des	ignation "LLC" or the abb	previation "L.L.C."	
Enter new principal offices address, if applicable:			~	15. 15. 15.
(Principal office address MUST BE A STREET ADDR	ESS)		<u>R</u>	<u> </u>
Enter new mailing address, if applicable:			3	
(Mailing address MAY BE A POST OFFICE BOX)			9: 47	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent: New Registered Office Address:		our records, <u>enter t</u>	the name of the	е пеж
	Enter Florid	la 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>Address</u> Type of Action <u>Name</u> MGR Alexander Lean 1850 wast 58 St #8 DAdd HiAleth FL. 33102 _□ Change ☐ Remove _____ Change □ Add □ Add ☐ Remove □ Add ☐ Remove ☐ Change □ Add ☐ Remove

_□ Change

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ctive date, if other effective date is listed, the E: If the date inserted iment's effective date	ie date must be specific a in this block does no	ind cannot be prior to I meet the applicab	date of filing or more th		ng.) Pursuant to 605.
ecord specifies a ne 90th day after			an effective time	, at 12:01 a.n	n. on the earlie
d Sept.	24 ³	. 2018	_·		
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Page 3 of 3

Filing Fee: \$25.00