To:

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726 Fax Number : (813)877-2186

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M&C GRANITE L.L.C.

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COVER LETTER

TO: Registra	ation Section of Corporations		
SUBJECT: M&	c Granite L.L.C.		
	Name of Lit	mited Liability Company	
The enclosed Ani	icles of Amendment and fee(s) are su	abmitted for filing.	
	correspondence concerning this matter		
	RODRIGUEZ, MITCHEL		
		Name of Person	
	M&C GRANITE L.L.C.		
		FimvCon.pany	
	1308 W FLORA ST		
		Address	
	TAMPA , FL 33604		
	MITCHELL50.MR@GMA	City/State and Zip Code	
	E-mail address: ((to be used for fixure annual report notification)	
For further inform	ation concerning this matter, please c	alf:	
RODRIGUEZ, MI	TCHELL	813 3849941	
,	Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check	k for the following amount:		
X \$25.00 Filing I		☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Statu (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Multing A Registrat Division P.O. Box	tion Section of Corporations	Street Address: Registration Section Division of Corporations	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

M&C GRANITE L.L.C.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now annears on or Liability Company)	r records.)
The Articles of Organization for this Limited I Florida document number L19000057113			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "EL.C."
Enter new principal offices address, if appli	cable:		<u>್</u> ಮ
(Principal office address MUST BE A STREE		1308 W FLORA ST	,
		TAMPA, FL 33604	
			777
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)	1308 W FLORA ST	5
		TAMPA, FL 33604	
B. If amending the registered agent and/or in agent and/or the new registered office addressed and/or the new Registered Agent:	RODRIGUEZ.		enter the name of the new registered
New Registered Office Address:	1308 W FLORA	N ST	
	······································	Enter Florida stree	t address
	ТАМРА		
N. D. War and J. War		City	Zip Code
New Registered Agent's Signature, if changing b			
hereby accept the appointment as registere provisions of all statutes relative to the propaction of the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er ana complete j stered agent as p registered office (change.	performance of my dut rovided for in Chapter address, I hereby com	ies, and I am familiar with and

Page: 6 of 7

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

18132001059

MGR= Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	RODRIGUEZ, MITCHELL	1308 W FLORA ST	Ľ] Add
		TAMPA, FL 33604	
AMBR	SOSA , YOHANIS B		
	303A 10HANS B	1428 WINDJAMMER LOOP	□Add
		LUTZ, FL 33559	= Remove
			☐Change
			FJAdd
			□Change
		ŪAdd	
			□Remove
			Change
			□Add
			Remove
			OChange
			DAdd
			□Remove
			Change

From: Trucking Permits And More LLC

2023-12-18 18:27:03 GMT

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	re date, if other than the date of filing:
he record ord is file	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 d.
Dated _	12/18 2023
	Signature of a thember or authorized representative of a member
	MITCHELL RODRIGUEZ
	Typed or printed name of signer