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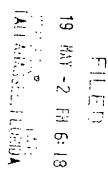
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MAY 14 2019 S. YOUNG

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Xtop Marble & Granite LL C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juan (ar los Guevara Yanes
Xtop marble & Granite LLC Firm/Company
3675 Broadway St
Fort Myers, FL 33901 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Juan C Guevara Yanes at (239) 200 - 3335  Name of Person at (239) 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 \$Certified Copy (additional copy is enclosed) \$\Bigcup \$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

Ytop muchle & scale 110

(Name of the Limit	ted Liability Company as it now appears on ou (A Florida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited L Florida document number L19000 8		and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designat	ion "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	7.0
(Principal office address MUST BE A STREA	ET ADDRESS)	三三三三
		P M
Enter new mailing address, if applicable:		量 里 □
(Mailing address MAY BE A POST OFFICE	BOX)	3
B. If amending the registered agent and registered agent and/or the new registered of	***	records, enter the name of the
Name of New Registered Agent:	Andrea Gu 3675 Broadwa	Tierrez
New Registered Office Address:	3675 Broadwa	y Street
	For + Mye(S	, Florida <u>33901</u>
	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	Andrea GuTierrez	3675 Broadway St	D Add
		3675 Broadway St fort Myers, FL 3390	☐ Remove
			□ Change
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II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ei	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 April 29 . 2019.
	Signature of it member or authorized representative of a member
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00