# L190000 85953

(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
(otty/otate/Ep/) Holle III)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. YOUNL

TALLAHASSIE, III

# **COVER LETTER**

NID ID CT		LE AND GRANITE LLC		
SUBJECT:		Name of Limi	ted Liability Company	<del>.</del>
The enclose	ed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		ELMER G CEZENA		
			Name of Person	
			Firm/Company	
		4570 NW 201ST TERRA		
		OPALOCKA, FL 33055	Address	
		guillermo1979503@icloud.		
		E-mail address: (	to be used for future annual report notif	fication)
For further	information c	oncerning this matter, please ca	all:	
ELMER G	·	· · · · · · · · · · · · · · · · · · ·	786 451-3218 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne 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

TO:

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

(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our rec ty Company)	<u>ords.</u> )
The Articles of Organization for this Limited Liability Company were Florida document numberL19000085953	e filed on03/28	/2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "I	JLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- FO TI
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		R 18 M 7: 05
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our reco	ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	1000	
	Enter Florida street ad	dress
		Florida
	City	Zip Code
	City	•

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
AR	ELMER G CEZENA	4570 NW 201ST TERRA OPALOCKA, FL 33055	
			■ Remove
			Change
MGR	ELMER G CEZENA	4570 NW 201ST TERRA OPALOCKA, FL 33055	<b>_</b> Add
			Remove
		<u>-100</u>	☐ Change
		····	Remove
			☐ Change
			□ Remove
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			Add
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an effective iote: If th	late, if other than the date date is listed, the date must be date inserted in this blocks effective date on the Depart	specific and cannot be prior does not meet the applic	able statutory filing re	(optional) than 90 days after filing.) I quirements, this date w	Pursuant to 605.0207 ill not be listed as
e record The 901	specifies a delayed e th day after the record	ffective date, but no I is filed.	t an effective time	e, at 12:01 a.m. o	n the earlier of
ated	APRIL 16TH	2019			
	Sig	Elnier G gnature of a member or author	Cezena.  prized representative of a	a member	
		G CEZENA			
		Typed or print	ed name of signee		

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Filing Fee: \$25.00