L19000288322

Office Use Only



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COVER LETTER

	Registration So Division of Co			
SUBJEC'	D&G GRA	NITE STONE LLC		
SUBJEC	· ·	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	Iment and fee(s) are submitted for filing. Iment and fee(s) are s	
Please rett	ırn all correspo	ondence concerning this matter	r to the following:	
		DARWIN R. GARMEND	DIA	
			Name of Person	
		D&G GRANITE STONE	LLC	
		4,	Firm/Company	
		11091 WINDSONG CIRC	CIJE 202	
			Address	
		NAPLES, FL 34109		
		_	City/State and Zip Code LCOM City/State and Zip Code ACC ACC ACC ACC ACC ACC ACC A	
For further	r information e	E-mail address: (oncerning this matter, please c	(to be used for future annual report notification)	:
DARWIN R. GARMENDIA			239 250-3802 S	,
	Name o	f Person	Area Code Daytime Telephone Number 7	
Enclosed i	s a check for th	ne following amount:		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy	
R	<u>Iailing Addres</u> egistration S	Section		
Division of Corporations P.O. Box 6327			Division of Corporations	
	.O. Box 652 allahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&G GRANITE STONE LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file florida document number $\frac{L19000288322}{L19000288322}$	ed on 11/20/2019 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	720 A
	LAA. WE
	2
. If amending the registered agent and/or registered office address o	on our records, enter the name of the new register
gent and/or the new registered office address here:	
Name of New Registered Agent:	7:06
New Registered Office Address:	
	Inter Florida street address
	Mosta.

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.

City

Zip Code

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
MGR	SAMUEL NUNEZ AVELAR	5235 28TH PL SW	≡ Add
		APT A	□ Remove
		NAPLES, FL. 34116	□Change
			□Add
			□Remove
			□Change
			□Add
			Remove 7020 AH hange
			020 All hange TALLAHASSELFEINT
			□Change
			□Add
			Remove
			□ Change
			🗀 Add
			□Remove
			Change

			
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locument's effective date on the D		thing requirements, this date will not	he listed as
record specifies a delayed effective is filed.	re date, but not an effective time, at 12:01 a.i	m, on the earlier of: (b) The 90th da	iy after the
AUGUST 4	2020		
Oated AUGUST 4	- 2020		
Dated AUGUST 4	Signature of a member or authorized representat	tive of a member	