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COVER LETTER

	Division of Cor				
CUD IEC		ranite and Marble LLC		20	
SUBJEC	JT:	Name of Lim	me of Limited Liability Company		25 25 E
		Amendment and fee(s) are sub	•		62.29 Mg 15
		Angel Collazo			
			Name of Person		
		Taken for Granite and Mar	ble LLC		
			Firm/Company		
		9919 US HWY 41 S			
			Address		
		Gibsonton/Florida 33534			
		, , , , , , , , , , , , , , , , , , , 	City/State and Zip Code		
		takenforgranite813@gmail.		1.00	
			to be used for future annual report no	otification)	
For furth	er information co	oncerning this matter, please c	all:		
Angel Co	ollazo'		813 399-8339 at ()		
	Name of	Person	Area Code Dayt	me Telephone Number	
Enclosed	I is a check for th	e following amount:			
S \$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 S Division of C	section orporations	Street Address: Registration S Division of C	orporations	
	P.O. Box 632	7	The Centre of	Tallahassee	

Tallahassee. FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Taken for Granite and Marble LLC

20 RP 229 TH 9. 15 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/27/2019 Florida document number L2000(xx)5543 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C." or the abbreviation "L.I.C." 9919 US Hwy 41 S Gibsonton Fl 33534 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 9919 US Hwy 41 S Gibsonton Fl 33534 Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street acklress

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

, Florida_

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Samuel D. Schlesinger	12328 Fairlawn Dr Riverview FI 33579	≣∧dd
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
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Dated April 24th 2020	And Was		ate, but not an effective time, of 13	2:01 a.m. on the earlier of: (b) 1	he 90th day after the
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Angel Collazo		record specifies a delayed effective d d is filed. Dated April 24th	2020	resentative of a member	

Filing Fee: \$25.00