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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only

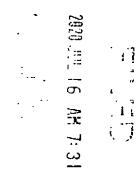


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AUG 2 8 2020 S. YOUNG

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Dailence Marble & Granite LLC
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:
Maxtan Harrandez Name of Person
CPULENCE Marks & Granite LLC Firm/Company
3929 W. Conancho Avo.
Tampa Fi. 33614. City/State and Zip Code
De De L'enail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Candy R. La role at (813) 578 7757 Name of Person at (813) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ted Liability Company as it now appears on our records.)

,	Terrorida isinined isinomicy c	company /		
The Articles of Organization for this Limited Lia Florida document number <u>L200002</u>	ability Company were fil 52 <i>3</i> 6	led on <u>D[/17</u> 2020	and assi	gned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability cor	npany here:		
The new name must be distinguishable and contain the we	ords "Limited Liability Comp	nany," the designation "LLC" or the	e abbreviation "L.l	c."
Enter new principal offices address, if applica	ıble:		;t=	_
(Principal office address MUST BE A STREET ADDRESS)			71	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	 		5 AM 7: 31	
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address	on our records, enter the n	ame of the new	registered
Name of New Registered Agent:	Maxtan	Hernandoz	<u> </u>	
New Registered Office Address:	3929 W.	Enter Florida street address	Avo.	
	_Tampa	Florida	33G Zip Code	14
New Registered Agent's Signature, if changing R	legistered 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>	Address	Type of Action
AMBE	Maxtan Harrandoz	3929 W ComanCho Aus Tampa F1 33414	🗹 🗸 Add
			□Remove
			□Change
Mar	Maxtan Horrandor	3929 W. ComanChe Ave	.· □Add
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an ef ote:	tive date, if other than the date of filing:
	rd 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 iled.
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	Signature of a member or authorized representative of a member