## L20000320994

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	_	

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21 NOV -5 PH 4: 06

T. MATTHEWS NOV 15 2021

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT.		ONE & GRANITE LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	YISSEL ROQUE OLIVERA			
		Name of Person		
	EMPIRE STONE & GRA	NITE LLC		
		Firm/Company		
	8740 NW 153 TER			
		Address		
	MIAMI LAKES, FL 3301	8		
	City/State and Zip Code			
	YISSELUCAS2019@GMA			
	E-mail address: (	to be used for future annual report not	tification)	
For further information e	oncerning this matter, please c	all:	·	
ERNESTO LLERANDI		954 559-1304		
Name of Person		at () Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	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		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 ROY -5 PK 4: 07

		L	1 1403	
	EMPIRE STONE	& GRANITE LLC		
( <u>Name of the Lim</u>	ited Liability Compa (A Florida Limited)	i <mark>ny as it now appears o</mark> Liability Company)	on our records.)	<u> </u>
he Articles of Organization for this Limited I	iability Company	were filed on	0/09/2020	and assigned
lorida document number L20000320994	·			
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here	;:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	8740 NW 153 TEI	₹	
Principal office address MUST BE A STRE	ET ADDRESS)	MIAMI LAKES FL 33018		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8740 NW 153 TER		
		MIAMI LAKES FL 33018		
<ol> <li>If amending the registered agent and/or igent and/or the new registered office addre</li> </ol>		address on our rec	ords, <u>enter the na</u>	ime of the new regist
gent and/or the new registered office address	iss nere.			
Name of New Registered Agent:	YISSEL ROQU	JE OLIVERA		
	8740 NW 153 T	ΓER		
New Registered Office Address:		Enter Florida	ı sıreet address	
	MIAMFLAKE	S	, Florida j	33018
		City	, 1 101104	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 United 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

•	
and the second second second	

<u>Title</u>	<u>Name</u>	21 NOV -5 PN 4: U /	Type of Action
AMBR	RAFAEL LLERANDI	4865 NW 171 ST	□ Add
		MIAMI GARDENS FL 33055	≣Remove
			□Change
	<del></del>		🗆 Add
			□Remove
			□ Change
		<del>-</del>	□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Add
			□Remove
			□Change

D. If amendi	ing any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)  21 ROV -5 Pil 4: 07
		21 KOV -5 PA 4: UV
	-	
	<u>.                                    </u>	
E. Effective (	date, if other than the date of	filing:
Note: If the	re date is listed, the date must be specific the date inserted in this block does is effective date on the Departmen	ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) not meet the applicable statutory filing requirements, this date will not be listed as the
If the record sp record is filed.	ecifies a delayed effective date, bu	it not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	NOVEMBER 3	$-\frac{2021}{2021}$
	Signature	of a member or authorized representative of a member
	gnature	
		YISSEL ROQUE OLIVERA
		Typed or printed name of signee

Filing Fee: \$25.00