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COVER LETTER

	Registration Se Division of Cor			4
SHELLE		BLE AND GRANITE LLC		
SUBJEC	-li	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		FAJARDO MARTINEZ.	ALLAN F	
		<u>-</u>	Name of Person	
		M&F MARBLE AND GR	ANITE LLC	
			Firm/Company	
183		1832 3RD AVE E	1832 3RD AVE E	
			Address	
		BRADENTON, FL 34208		
		allanfajardo001@gmail.com	City/State and Zip Code n to be used for future annual report notific	
For furth	er information c	n-mail address: (ation)
	OO MARTINEZ	·	941 5651448	
	Name o	f Person	at () Area Code Daytime	Felephone Number
Enclosed	is a check for th	ne following amount:		
■ \$2 5.	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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sect Division of Corpo The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&F MARBLE AND GRANITE LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number	mpany were filed on 11/30/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	حم
		025
		<u></u>
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
		: : : : : :
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	City	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 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>	<u>Address</u>	Type of Action
AMBR	CLENDENNY, ELIZABETH M	1832 3RD AVE E.	= Add
		BRADENTON, FL 34208	□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			Remove 2025
			□Remove 2025 □Ghange □
			□Add <u>Ξ</u>
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coord specifies a delayed effective dis filed.	ate, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b) T	he 90th day after the
JULY, 07 ted	2025			
4	·	·		
Allygale		authorized representativ		
		anthorized representative	a and a continue	

Filing Fee: \$25.00