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COVER LETTER

TO: Registration Section Division of Corporations THE CREATION OF GRANITE LLC SUBJECT: 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: ISMEL VAZQUEZ SOLORZANO Name of Person Firm Company 5540 KEYSTONE DR S Address JACKSONVILLE, FL 32207 City/State and Zip Code theoreationofgranite@gmail.com F-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: 48MEL VAZQUEZ SOLORZANO Name of Person Enclosed is a check for the following amount:

Mailing Address:

S25.00 Filing Fee.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

□ \$55.00 Filing Fee &

Certified Copy

tadditional copy is enclosed).

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

☐ \$60,00 Filing Fee,

Certificate of Status & Certified Copy

radditional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CREATION OF GRANITE LLC (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 12/01/2020 ____ and assigned Florida document number 1.20000376195 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CREATION OF GRANITE LLC the new name must be distinguishable and contain the words "Limited 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 ADDRESS) N/Λ Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) S 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: NAName of New Registered Agent: N'A New Registered Office Address: Enter Florida sireet address

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

, Florida

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
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