

L21000090360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

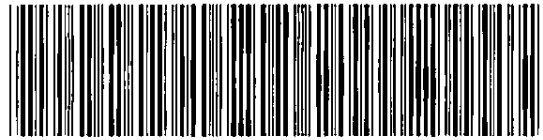
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section,  
Division of Corporations

SUBJECT: Granite Empire 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:

Jon Benita

Name of Person

Granite Empire

Firm/Company

5605 Murfreesboro Rd

Address

La Vergne TN 37086

City/State and Zip Code

tammythompson7198@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Thompson

Name of Person

at (864) 380-7198

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**

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

**Street Address:**

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

Granite Empire LLC

**If Changing Registered Agent, Signature of New Registered Agent**

| Title | Name            | Address                  | Type of Action                             |
|-------|-----------------|--------------------------|--|
| AMBR  | Nicolae Panfili | 1836 South Tamiami Trail | <input type="checkbox"/> Add               |
|       |                 | Venice FL 34293          | <input checked="" type="checkbox"/> Remove |
|       |                 |                          | <input type="checkbox"/> Change            |
|       |                 |                          | <input type="checkbox"/> Add               |
|       |                 |                          | <input type="checkbox"/> Remove            |
|       |                 |                          | <input type="checkbox"/> Change            |
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|       |                 |                          | <input checked="" type="checkbox"/> Change |
|       |                 |                          | <input type="checkbox"/> Add               |
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|       |                 |                          | <input type="checkbox"/> Change            |
|       |                 |                          | <input type="checkbox"/> Add               |
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|       |                 |                          | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023 OCT -3 AM 11:05

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 9/27, 2023

[Signature]  
Signature of a member or authorized representative of a member

Jon Renita  
Typed or printed name of signer