## L21000156958

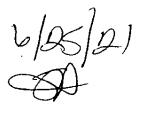
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## **COVER LETTER**

то:	Registration Sec Division of Corp			
eun ind		/ILLE QUARTZ AND STON	E LLC	
SUBJEC	o1: <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		AZAD B SAHBUDAK		
			Name of Person	
		JACKSONVILLE QUART	TZ AND STONE LLC	
			Firm/Company	
		8601 YOUNGERMAN CO	OURT, UNIT 4	
			Address	
		JACKSONVILLE FLORI	OA 32244	
			City/State and Zip Code	
		JACKSONVILLEQUARTZ		
		E-mail address: ()	to be used for future annual report noti	fication)
For furth	ier information co	meerning this matter, please co	ill:	
AZAD I	3 SAHBUDAK		904 572-9580	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed	l is a check for the	e following amount:		
	00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
= 32.0	Withing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	:	Street Address:	
Registration Section		Registration Sec		
	Division of Co P.O. Box 6323		Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACKSONVILLE QUARTZ ANI	STONE LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears o Liability Company)	n our records.)	<del></del>
The Articles of Organization for this Limited I Florida document number <u>L21000156958</u>	Liability Company	were filed on $\frac{04/05}{6}$	72021	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liab	oility company here	:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		8601 YOUNGERN	IAN COURT	
(Principal office address MUST BE A STRE		UNIT 4		
THICTOR OFFICE WHITESS STOST DE A STREET ADDRESS		JACKSONVILLE FLORIDA 32244		
Enter new mailing address, if applicable:		8601 YOUNGERN	IAN COURT	
(Mailing address MAY BE A POST OFFICE	BOX)	UNIT 4		
	JACKSONVILLE FLORIDA 32244			
B. If amending the registered agent and/or agent and/or the new registered office addressed agent:  Name of New Registered Agent:	· · ·	address on our reco	ords, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent.				
New Registered Office Address:	8601 YOUNG	ERMAN COURT, UN	Street address	<del></del>
				244
	JACKSONVIL		, Florida <u></u>	Zip Code
		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's

)

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
MGR	BULENT KIRIMLI	8601 YOUNGERMAN COURT	<b>≣</b> Add
		UNIT 4	□Remove
		JACKSONVILLE FLORIDA 32244	
MGR	GOKCE KIRIMLI	334 BLANDING BLVD	
		ORANGE PARK FLORIDA 32073	
			🗆 🗆 🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
<del></del>			□ Change ',
	<del></del>	<del></del>	□Add
			□Remove
			□ Change

r amending any other informa	tion, enter change(s) here: (Attach	additional sneets, if necessary.)	
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ffective date, if other than the	date of filing:	(optional)	
an effective date is listed, the date mus	t be specific and cannot be prior to date of fil ock does not meet the applicable statute	(optional) ling or more than 90 days after filing.) Pursuant o ory filing requirements, this date will not b	o 605.0207 (3 e listed as th
record specifies a delayed effectivis filed.	e date, but not an effective time, at 12:0	11 a.m. on the earlier of: (b) The 90th day	after the
MAY 18TH	2021	· .	
Λ	··		
1.01			
	Signature of a member or authorized repre-	sentative of a member	_ <del>_</del>
AZAD BASAR SAHBU	JDAK		• •
<del></del>	Typed or printed name of s	signee	— .`

Filing Fee: \$25.00