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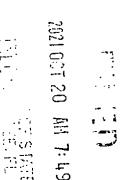
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A. BUTLER

OCT 2 9 2021

COVER LETTER

FO: Registration Sec Division of Corp			
SUBJECT: Pre	mium Stone Cu	ranite + Marble, Li	ı C
SUBJECT.	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Lucas_	R. Ferreira Name of Person	
		Firm/Company	
	7673 Gree	enboro Drive	
	Melbour	NL FL 32904 City/State and Zip Code	
		tone am@notmail obe used far future annual report notif	il. Com
For further information c	oncerning this matter, please ca	I I :	
LUCOS R	Ferreiro	at (<u>954)</u> <u>822-3!</u> Area Code Daytim	549 e Telephone Number
Enclosed is a check for th	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 Addres		Street Address:	
Registration S		Registration Se Division of Cor	
Division of C P.O. Box 632	-	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit	Cante a Marbi ty Company as it now appears or Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L 210003937107</u>	ompany were filed on	9 03 203 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(<u>Principal office address MUST BE A STREET ADDR</u>	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
muning university in A 1 051 OF CICL BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	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 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>	Name	Address	Type of Action
udru	Lucos R. Ferreira	7673 Greenboro Drive	DAdd
J		Melbourne, FL 32904	Remove
			□Change
marm	Lucas Ferreira, LLC	5000 NW 44th Ave	i X Add
J		Coconut Creek, FL 33073	□Remove
			□Change
mgrm	<u>Fabricio C. Perpetuo</u>	7673 Greenboro Drive	5/Add
		Melbourne, FL 32904	Remove
			□Change
			□Add
			□Remove
			[] Change
			DbAC
			Псточе
			□Change
			□Add
			□Remove
			☐ Change

. . . .

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect Note: 1	the date, if other than the date of filing:
the record cord is file	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 d.
Dated _	September 28 . 2021 . Leas Repul Farm Signature of a member or authorized representative of a member
	Lucas Repul Farri
	Signature of a member or authorized representative of a member
	Typed or printed name of signee