## 122000092903

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T. MATTHEWS JUL 22 2022

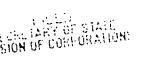
## **COVER LETTER**

TO:

Registration Section

Division of Cor	rporations		
CAMEJO (	GRANITE LLC		
SCDORGI.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEJANDRO CAMEJO .	AGUIAR	
	• • • • • • • • • • • • • • • • • • • •	Name of Person	
	CAMEJO GRANITE LLC		
	<del></del>	Firm Company	
	1714 DARLINGTON DR		
		Address	·
	TAMPA, FL 33619		
		City/State and Zip Code	<del></del>
	ALEJO.CAMEJO67@YAI		
	E-mail address; (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	ull:	
ALEJANDRO CAMEJO	) AGUIAR	813 720-9601	
Name c	of Person	at () Area Code Daytin	e Telephone Number
Enclosed is a check for t	he 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 1 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ....



CAMEJO GRANITE LLC

22 MAY 23 AM 10: 06

(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 Comparation for this Limited Liability Comparation document number <u>L22000092903</u> .	ny were tiled on <u>02/14/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records. <u>enter (</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street address	•
•=	, Flo	rida
No. 10. Second Act and Control of the Control of th	·	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>	<u>Name</u>	Address	Type of Action
AMBR	ANTONIO REMEDIOS CRUZ	1714 DARLINGTON DR TAMPA FL 33619	<b>=</b> Add
			□Remove
			=Change
			LIRemove
		<del></del>	Change
		<del></del>	Add
			⊟Remove
		-	TChange
			= Add
			ElRemove
			Change
			Add
			LJRemove
			Change
<del></del>			
			□Remove
			□ Change

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