

L22 000 100 459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

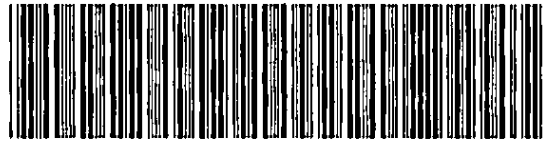
(Business Entity Name)

(Document Number)

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09/20/22--01009--009 **25.00

22 SEP 20 AM 9:05

RECEIVED BY OFFICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CUBAN GRANITE 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:

PEREZ TELLEZ, ISNAUDY

Name of Person

CUBAN GRANITE LLC

Firm/Company

1308 TYLER ST

Address

JACKSONVILLE, FL 32209

City/State and Zip Code

chacondiorbis@gmail.com

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

For further information concerning this matter, please call:

DIORBIS R CHACON AVILA

904 466-9822
at ()

Name of Person

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

22 SEP 20 AM 9:05

Division of Corporations
Tallahassee, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CUBAN 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 02/25/2022 and assigned
Florida document number L22000100459.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

22 SEP 20 AM 9:05
CLERK OF COURT
JACKSONVILLE

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:

Name of New Registered Agent:

CARVAJAL ENTERPRISES CORP

New Registered Office Address:

6409 MERRILL RD

Enter Florida street address

JACKSONVILLE

City

Florida 32277

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

Elisbet Carvajal

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ISNAUDY PEREZ TELLEZ	1308 TYLER ST	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DIORBIS R. CHACON AVILA	1308 TYLER ST	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32209	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

27 SEP 2011 AM 9:05
DIVISION OF REVENUE COLLECTION
STATE OF FLORIDA

22 SEP 20 AM 9:05

22 SEP 20 AM 9:05

(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)

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 September 16th 2022

Ans

Signature of a member or authorized representative of a member

DIORBIS R. CHACON AVILA

Typed or printed name of signee