

# LZZ 000 117 157

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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# **COVER LETTER**

Division of Corp	porations		
SUBJECT:A	11 Star Gray Name of Limi	rite & Quartz L	<u>LC</u>
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
		lo WandeKoken Name of Person	
	All Star	Granite & Quart	z LLC
	24150 Tis	seo Blud Unit 4	
	Port Charl	offe, FL 33980 City/State and Zip Code	
		Istargranite fl. Com o be used for future annual report notification)	
For further information co	oncerning this matter, please ca	ill;	
<u>Fernando</u>	Wardekoken	at ( <u>941</u> ) <u>882-273</u> Area Code Daytime Teleph	One Number
Enclosed is a check for th	e following amount:		
☎ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Star Coxanile	e & Quartz LLC
	v Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L22000117157</u>	ompany were filed on $3/8/22$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ited 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 ADDRE	ESS)
	Š T
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	m , Bi
	ार्च ८५
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, enter the name of the new registered
agent and of the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zıp 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 **Title Name** Address Type of Action Andrera Sathler 24150 Tiseo Blud Unit 4 RADD AMBR Port Charlotte, FC 33980 | Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ Remove \_\_\_\_\_ □Change □Add \_\_\_\_\_ □Change bbA□ □Remove

□ Change

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Note: 1	e date, if other than the date of filing:
f the record ecord 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 _	August 30th 2024
	Lukuida?
	Signature of a member or authorized representative of a member
	Fernando Wandekoken

Typed or printed name of signee

His and HErs Cleaning and Painting Docum # L24000282500

Principal
2508 Fred Smith Rd.
TATT: +1. 32303

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Please Change

PLEASE AND ETN# 99-3674802

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