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T. MATTHEWS MAY 0 2 2022

COVER LETTER

	istration Sec ision of Corp		•	
SUBJECT:	GRANITE (COMPANY FLORIDA USA I	LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		FRANCARLOS ABAD		
			Name of Person	
		GRANITE COMPANY FI	LORIDA USA LLC	
			Firm/Company	
		610 WINHAM ST		
			Address	
		TAMPA, FL 33619		
			City/State and Zip Code	
		YGONZALEZ.TAXPROS(-	
		E-mail address: (to be used for future annual report no	otification)
For further in	iformation co	oncerning this matter, please ca	atl:	
RANCARLO	OS ABAD		813 900-7930 at (
	Name of	Person		me Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address		Street Address:	··········
	gistration S vision of Co	orporations	Registration S Division of Co	
	Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATIONS OF 22 APR 12 PM 3: 17

GRANITE COMPANY FLORIDA USA LLC

(Name of the Limited Liability Company as it now appears on our records.)

(V. Lipitar	a Ellitted Clabinty Company)		
The Articles of Organization for this Limited Liability C Florida document number L22000142357	Company were filed on <u>03/23/2022</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida str. et address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	complete performance of my duties, and I	I am familiar with and	

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

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 Onlando	Address	Type of Action
MGR	Name Jorge Onlando Hartinez Hernandez	2031 WAIKIKI WAY TAMPA FL 33619	= Add
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			□Change
			
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			□ Change
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Effective date lif other than th	so date of filing:		(ontional)	
Effective date, if other than the	ust be specific and cannot be prior	to date of filing or more tha	1 90 days after filing.) Pursuant to	605.0207 (
Note: If the date inserted in this ladecument's effective date on the	block does not meet the application	able statutory filing requ	rements, this date will not be	listed as t
document s effective date on the	Department of State's feedfus.			
e record specifies a delayed effect rd is filed.	ive date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th day a	after the
o is thee.				
APRIL 7	2022			
Dated		 ·		
/. <i>K</i> //	2			
/V A				
	Signature of a member or author	orized representative of a m	ember	_

Filing Fee: \$25.00