

L220000305562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

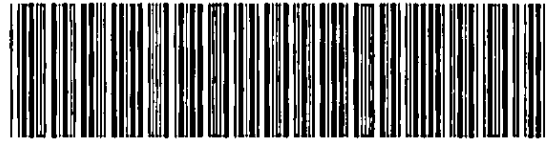
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400393952454

09/13/22 --01020--011 **30.00

FILED
2022 SEP 13 AM 10:06
CLAY COUNTY CLERK
TALLAHASSEE, FL

SEP 13 2022

R. HUNT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Granite Repair Etc 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:

Avril M Drake

Name of Person

Granite Repair Etc LLC

Firm/Company

5889 S Williamson Blvd Suite 1401

Address

Port Orange, Florida 32128

City/State and Zip Code

granitereparetcllc@gmail.com

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

FILED
TALLAHASSEE, FL
CLERK OF STATE

2022 SEP 13 AM 10:06

For further information concerning this matter, please call:

Avril Drake

386

523-7705

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

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

GRANITE REPAIR ETC 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 July 11, 2022 and assigned
Florida document number L22000305562.

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 "LLC."

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)

FILED
2022 SEP 13 AM 10:06
CLERK OF STATE
TALLAHASSEE, FL

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: _____

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Neal, Ersilia M	1837 Forough Circle	<input type="checkbox"/> Add
		Port Orange FL32128	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AVRIL M DRAKE	1837 Forough Circle	<input checked="" type="checkbox"/> Add
		Port Orange	<input type="checkbox"/> Remove
		FL32128	<input type="checkbox"/> Change
AMBR	DAVID R CAMPBELL	1833 Forough Circle	<input type="checkbox"/> Add
		Port Orange	<input type="checkbox"/> Remove
		FL32128	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED
MAY 13 2008
FLORIDA STATE
ARCHIVES

2022 SEP 13 AM 10:06
CLAY COUNTY OF STATE
CLAY COUNTY, FL

ED
2022 JUN 13 AM 10:06
CLERK OF STATE
TALLAHASSEE, FL

(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.

April M. Drake
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

No Annual Reports Filed

Document Images

07/11/2022 -- Florida Limited Liability

[View image in PDF format](#)

FILED
2022 SEP 13 AM 10:06
CLERK OF STATE
TALLAHASSEE, FL