Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : METRO BUSINESS AGENCY, INC.

Account Number : I20080000101

Phone

: (239)466-8600

Fax Number

: (239)275-0865

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FORTILE STONES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

## COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

FORTILE STONES 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:

HANNA SRODA

Name of Person

METRO BUSINESS AGENCY INC

Firm/Company

15200 S TAMIAMI TRAIL 117

FORT MYERS, FL 33908

City/State and Zip Code

HANNA@METROINSURANCEFL.COM

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

For further information concerning this matter, please call:

HANNA SRODA

Name of Person

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

· FROM metro business agency

## FILED (TUE) OCT 1 2013 18:28/ST. 18:25/No. 9160170437 P 3 2813 OCT -2 AM 8: 42

## ARTICLES OF AMENDMENT SECRETARY OF STATE TO TALLAHASSEE, FLORIDA ARTICLES OF ORGANIZATION OF

	RTILE STONES LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabili	ry Company were filed on 09/13/201	2 and assigned
Florida document number L12000117388	<del></del>	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:	4	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office :		ords, enter the name of the new
Name of New Registered Agent:	,	
New Registered Office Address:		
	Enter Flori	da street address
_	City	, Florida
	City	#11/ C/MC

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title Name Address Type of Action

Tine	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Kettove
		<u> </u>	Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) THIS COMPANY KEPT THE SAME MANAGERS, BUT ONE OF THEM
-	CHANGED HIS ADDRESS AS FOLLOWS:
-	MANAGER: JOAO C. ALVES
1	NEW ADDRESS: 11502 CENTAUR WAY
-	LEHIGH ACRES, FL 33971
Dated O	CTOBER 1ST 2013
	Jose Sola Alia.
	Signature of a member or authorized representative of a member
	JOAO C ALVES
	Typed or printed name of rigneo
	Page 3 of 3

FILED W 8 42
SECRETARY OF STATES