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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H17000312704 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : 120150000089 : (305)444-8800 Fax Number : (305)444-4010

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELITE STONE USA, LLC

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

(Name of the Limited Lightifty Compa (A Florida Limited L	ny as it now appears on our records.) lability Company)	
	were filed on 04/12/2017	and assigned
Florida document number L17000087173	<u>.</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	llity company here:	
Sione Atelier, LLC		
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	1444 Biscayne Blvd, Miami, FL 33132,	Suite 208-26
(Principal office address MUST BE A STREET ADDRESS)	***************************************	····
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1444 Biscayne Blvd, Mlami, FL 33132,	Suite 208-26
		17 NOV
New Registered Office Address:	Enter Florida street address	29 A
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited Hability company here: Stone Atelier, LLC 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) B. If amending the registered agent anti/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Tifficial City: Florida Tifficial Tifficial	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		80

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

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H170003127043



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>	Address	Type of Action
MGR	Francisco Blanco	7801 NW 32ND STREET	□ Add
		DORAL. FL 33122	□ Remove
			☐ Change
			C Add
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Effec	tive dute, if other than the date of filing: (optional) Tective 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 60) £ 0303 /
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis	ted as t
aocui	ment's effective date on the Department of State's records.	
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl	ior of
	90th day after the record is filed.	101.
	2017	
Dated	November 29, 2011	
	Signature of a member or authorized (coresentative of a Dember	
	7	
	Sherly Vega	

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