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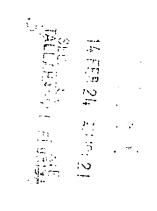
(Re	questor's Name)	
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COVER LETTER

TO:

Registration Section Division of Corporations

Stone Surface Solutions, LLC

SUBJECT:

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:

	Fidel Aguiar	•	
		Name of Person	
		Firm/Company	
	3710 5th Av	enue SW	
		Address	, , , , , , , , , , , , , , , , , , ,
	Naples, FL	34117	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	n concerning this matter, please c	all:	
Fidel Agu	iar	at (239) 304-20	672
Nan	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	y appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L03000028336	1 on 07/28/2003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
Stone Art Naples, LLC	
The new name must be distinguishable and end with the words "Limited Liability Compa	my," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	** 22
Enter new mailing address, if applicable:	22. 355
Mailing address MAY BE A POST OFFICE BOX)	
	.4 10
	j.e-
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address:	ress on our records, enter the name of the
Cin	, Florida

New Registered Agent's Signature, if changing Registered Agent:

Stone Surface Solutions, LLC

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Remove
			Remove
,			□ Add
			-
			Add
			□ Remove
			Add
			□ Remove

If amending any other information	tion, enter change(s) here: (Attach additional sheets, if necessary.)
	
Effective date, if other than the (The effective date must be specific, cannot the date this document is filed by the Flo	not be prior to date of receipt or filed date and cannot be more than 90 days after
Dated February 19	2014
	idel Clarm
Fidel Aguiar	Signature of a member or authorized representative of a member
·	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00