

03 0000 41014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

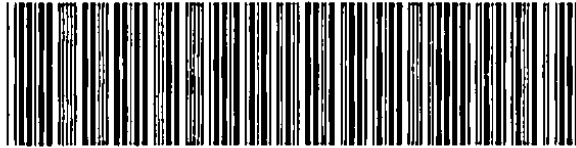
(Business Entity Name)

(Document Number)

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19 DEC 20 PM 3:02  
CLERK OF COURT  
CLERK OF COURT

JAN 24 2023  
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# COVER LETTER

Registration Section  
Division of Corporations

William Stone Premier Properties

ECT: \_\_\_\_\_  
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Stone

\_\_\_\_\_  
Name of Person

William Stone Premier Properties

\_\_\_\_\_  
Firm/Company

1420 Celebration Blvd #200

\_\_\_\_\_  
Address

Celebration Florida 34747

\_\_\_\_\_  
City/State and Zip Code

bill@wstone.ws

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

For further information concerning this matter, please call:

William Stone \_\_\_\_\_ 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

19 DEC 20 PM 3:02  
Tallahassee, FL 32303  
Division of Corporations  
Registration Section

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

William Stone Premier Properties, LLC

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

19 DEC 20 PM 3:02  
FILED  
CLERK OF SUPERIOR COURT  
JACKSONVILLE, FLORIDA

Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
a document number L03000041014.

An amendment is submitted to amend the following:

**Amending name, enter the new name of the limited liability company here:**

William Stone Construction Group, LLC

Every name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**new principal offices address, if applicable:**

2844 Michigan Ave

**Principal office address MUST BE A STREET ADDRESS**

Kissimmee Florida 34744

**new mailing address, if applicable:**

2844 Michigan Ave

**Mailing address MAY BE A POST OFFICE BOX**

Kissimmee Florida 34744

**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:**

William Stone

**New Registered Office Address:**

2844 Michigan Ave

*Enter Florida street address*

Kissimmee

*City*

, Florida 34744

*Zip Code*

**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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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**

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
moved from our records:

. = Manager

R = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Kimm Dodaro	2844 Michigan Ave Kissimmee Fl 34744	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
David <i>DELIA</i>	2844 Michigan Ave Kissimmee Fl 34744	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
William Stone	2844 Michigan Ave Kissimmee Fl 34744	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
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		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

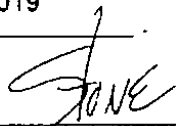
Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 document is filed.

Effective date: December 10, 2019



Signature of a member or authorized representative of a member

WILLIAM STONE

Typed or printed name of signee

Filing Fee: \$25.00