

L04 000044329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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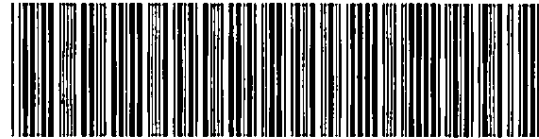
(Business Entity Name)

(Document Number)

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2022 SEP 26 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Royal Camelot, 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:

Savannah Stona

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

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

103 Church Hill Drive

\_\_\_\_\_  
Address

Guyton, GA 31312

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

drsavannahstona@gmail.com

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

For further information concerning this matter, please call:

Savannah Stona

727 433-1207

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

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TALLAHASSEE, FL

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Royal Camelot, 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 06/14/2004 and assigned  
Florida document number 104000044329.

**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 "L.L.C."

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

103 Church Hill Drive

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

Guyton, GA 31312

**Enter new mailing address, if applicable:**

103 Church Hill Drive

(Mailing address MAY BE A POST OFFICE BOX)

Guyton, GA 31312

**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

City

**, Florida**

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 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>
MGR	Savannah Stona	103 Church Hill Drive Guyton, GA 31312	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PDST	Vincent A. Stona	119 Woodcreek Drive South Safety Harbor, FL 34695	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Vincent A. Stona IV	36750 US HWY 19 N.	<input checked="" type="checkbox"/> Add
		Unit 2389 Palm Harbor, FL	<input type="checkbox"/> Remove
		34684	<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

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TALLAHASSEE, FL

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

Attached are death certificate and personal representative form

· Removal of Vincent A. Stona (deceased)  
· Adding Vincent A. Stona IV, son of deceased mentioned above.

**E. 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 605.007 (3)(b)

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

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.

Dated September 19, 2022

Laravul Stona

Signature of a member or authorized representative of a member

Savannah Stona

Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE, FL

## STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD IT TO LIGHT TO VERIFY FLORIDA WATERMARK.

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022069991

DATE ISSUED: APRIL 18, 2022

## DECEDENT INFORMATION

DATE FILED: APRIL 12, 2022

NAME: VINCENT ARTHUR STONA III

DATE OF DEATH: MARCH 26, 2022

SEX: MALE

AGE: 066 YEARS

DATE OF BIRTH: OCTOBER 20, 1955

SSN: \*\*\*-\*\*-1906

BIRTHPLACE: BRONX, NEW YORK, UNITED STATES

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 119 WOODCREEK DR. SOUTH

LOCATION OF DEATH: SAFETY HARBOR, PINELLAS COUNTY, 34695

RESIDENCE: 119 WOODCREEK DR. SOUTH, SAFETY HARBOR, FLORIDA 34695, UNITED STATES

COUNTY: PINELLAS

OCCUPATION, INDUSTRY: BUSINESS OWNER, REAL ESTATE

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: VINCENT ARTHUR STONA II

MOTHER'S/PARENT'S NAME: GENEVEVE RUSSO

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: SAVANNAH STONA

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 11702 BRANCH MOORING DRIVE, TAMPA, FLORIDA 33635, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: CHRISTOPHER S PROUTY, F067065

FUNERAL FACILITY: SYLVAN ABBEY MEMORIAL PARK AND FUNERAL HOME F078950  
2853 SUNSET POINT RD, CLEARWATER, FLORIDA 33759

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SOUTHEASTERN CREMATORIES  
CLEARWATER, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1539

DATE CERTIFIED: APRIL 12, 2022

CERTIFIER'S NAME: MICHAELA RUTH MALLON

CERTIFIER'S LICENSE NUMBER: ME95405

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



STATE REGISTRAR

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATER MARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

## WARNING:



\* 4 3 6 8 6 9 7 7 \*

DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

REQ: 202387466

SECRETARY OF STATE  
TALLAHASSEE

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I#: 2022222337 BK: 22139 PG: 501, 07/19/2022 at 11:27 AM, RECORDING 1  
BURKE, CLERK OF COURT AND COMPTROLLER PINELLAS COUNTY, FL BY DEPUTY CLERK:  
CLK100558

KEN

Filing # 152702637 E-Filed 07/05/2022 03:02:35 PM

FILED 07/19/2022 11:03:18 KEN BURKE, CLERK OF THE CIRCUIT COURT AND COMPTROLLER, PINELLAS COUNTY FLORIDA

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PINELLAS COUNTY, FLORIDA  
PROBATE DIVISION  
CASE NO. 22-005238-ES-4

RE: THE ESTATE OF  
VINCENT ARTHUR STONA III,  
Decensed.

LETTERS OF ADMINISTRATION

TO WHOM IT MAY CONCERN:

WHEREAS, VINCENT ARTHUR STONA, III, a resident of Pinellas County, Florida, died on March 26, 2022, owning assets in the State of Florida; and

WHEREAS, SAVANNAH LEIGH STONA, has been appointed Personal Representative of the estate of the decedent and has performed all acts and prerequisite to issuance of Letters of Administration in the estate;

NOW WHEREFORE, I, the undersigned Circuit Court Judge, declare SAVANNAH LEIGH STONA to be duly qualified under the laws of the State of Florida to act as Personal Representative of the Estate of VINCENT ARTHUR STONA, III, Decensed, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the Decedent; to pay the debts of the Decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

WITNESS my hand and seal of this Court this \_\_\_\_\_ day of \_\_\_\_\_,  
2022, in Pinellas County, Florida.

07/18/2022 04:36:26 PM



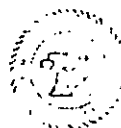
The Honorable Pamela A.M. Campbell  
Circuit Court Judge

Copies Furnished To:  
Marc A. Tenney, Esquire

SECRETARY OF STATE  
TALLAHASSEE, FL

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OFFICE OF THE CLERK OF THE CIRCUIT COURT  
PINELLAS COUNTY, FLORIDA  
20 July 2022  
[Signature]