

105000086652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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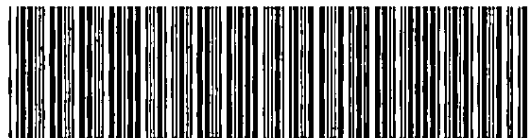
(Business Entity Name)

(Document Number)

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18 MAR 19 AM 12:40

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MAR 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Son Story Road, 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:

Cheribeth Piedra
Name of Person

Son Story Road, LLC
Firm/Company

7901 Seminole Blvd. Apt. 1203
Address

SEMINOLE, FL 33772
City/State and Zip Code

chepiedra50@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG DE LA PIEDRA at (863) 449 1409
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Son Story Road, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on Sept. 1, 2005 and assigned
Florida document number 405000086652

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

7901 Seminole Blvd.
Apt. 1203
SEMINOLE, FL 33772

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 Seminole Blvd.
Apt. 1203
SEMINOLE, FL 33772

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:

Cheribeth Piedra

New Registered Office Address:

7901 Seminole Blvd. Apt. 1203
Enter Florida street address
SEMINOLE Florida 33772
City 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.

Cheri Piedra

If Changing Registered Agent, Signature of New Registered Agent

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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	DE LA PIEDRA PROPERTIES, INC.	19700 Gulf Blvd.	<input type="checkbox"/> Add
		Unit # 602	<input checked="" type="checkbox"/> Remove
		Indian Shores, FL 33785	<input type="checkbox"/> Change
Registered Agent	Enrique De La Piedra	19700 Gulf Blvd	<input type="checkbox"/> Add
		Unit # 602	<input checked="" type="checkbox"/> Remove
		Indian Shores, FL 33785	<input type="checkbox"/> Change
MGR	Cheribeth Piedra	7901 Seminole Blvd.	<input checked="" type="checkbox"/> Add
		Apt. 1203	<input type="checkbox"/> Remove
		SEMINOLE, FL 33772	<input type="checkbox"/> Change
AMBR	Greg De La Piedra	13583 88 th Ave. N.	<input checked="" type="checkbox"/> Add
		SEMINOLE, FL	<input type="checkbox"/> Remove
		33776	<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

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

N/A

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TALLAHASSEE, FLORIDA

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 605.0207 (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.

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 March 15th, 2018

Cheri Piedra

Signature of a member or authorized representative of a member

CHERIBETH

PIEDRA

Typed or printed name of signee

18 MAR 19 AM 1:40

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TALLAHASSEE, FLORIDA