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Office Use Only



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COVER LETTER

TO: Registration Division of C			
Stone Tra	insport Services LLC		
30BJEC1	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Andrew Stone		
		Name of Person	
	Stone Transport Services 1	LLC	
		Firm/Company	
	P.O. Box 1229		
		Address	
	Macclenny Florida 32063		
	astone@lvhiers.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	ali:	
Leslie W. Stone		904 259-2314	
Name	of Person	at () 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:

TO:

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

STONE TRANSPORT SERVICE	S LLC		
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) npany)	
The Articles of Organization for this Limited 1	Liability Company were filed	on 03/21/2006	and assigned
Florida document number L06000030051	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability comp	any here:	
he new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			00 ±66
			— 58 7
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			SI NA
Mauing address MAT BE A POST OFFICE	<u></u>		- 19 - 2 -
			<u> </u>
3. If amending the registered agent and	1/or registered office addr	ess on our records, enter th	ne name of the
egistered agent and/or the new registered			
Name of New Registered Agent:	ANDREW W. STONE		
New Registered Office Address:	253 E FLORIDA AVE		
	Ei	nter Florida street address	
	MACCLENNY	, Florida <u>3206</u>	3
	City		Zıp 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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	ANDREW W. STONE	253 E FLORIDA AVE	
		MACCLENNY FLORIDA 32063	Remove
			□ Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Remove
			☐ Change
			SECR
			Refigere
			Charger Alter
			Add '/'
			☐ Remove
			Change

LESLIE W. STON		a member or autho	nzed representative	e of a member		7 A A A A A A A A A A A A A A A A A A A
helich	Itera	f a member or autho	and some and	of a monkey	_	SISIAIG
led 2-15		2018				
he 90th day after the			, an enective	c, at 12.01 c	in on the ea	
record specifies a dela			an effective	time, at 12:01 a	a.m. on the ea	rlier c
n effective date is listed, the dat te: If the date inserted in the cument's effective date on t	e must be specific : its block does no	and cannot be prior to t meet the applica	o date of filing or n ble statutory filir	nore than 90 days after g requirements, this	filing.) Pursuant to s date will not be	605.020 listed a
ective date, if other than reffective date is listed, the dat	the date of fil	ing: 2-15-2018		(opti	onal)	
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Filing Fee: \$25.00