

L06 000030099

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV 19 AM 8 28

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STONE MANAGEMENT ASSOCIATES LLC**

Certificate of Status	0
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14 NOV 19 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

STONE MANAGEMENT ASSOCIATES LLC

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

2014 NOV 19 PM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
and assigned

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The Articles of Organization for this Limited Liability Company were filed on 8/16/2000

Florida document number LO6000030099

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

CARLOS G. SANCHEZ

New Registered Office Address:

6300 N. BAY ROAD

Enter Florida street address

MIAMI BEACH

City

Florida 33141

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	LEVIN, ERIC	927 LINCOLN ROAD, SUITE 200 MIAMI BEACH, FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DOUGHERTY, RORY FJR	350 SE 2ND ST, APT 1680 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RINGLEB, ALEXANDER	10186 COLLINS AVE, APT 309 BAL HARBOUR, FL 33154	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	SANCHEZ, CARLOS G.	6300 N. BAY ROAD MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	SANCHEZ, GLADYS M.	6300 N. BAY ROAD MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

2014 NOV 19 PM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific; cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 19 2014



Signature of a member or authorized representative of a member

ALEXANDER RINGLEB

Typed or printed name of signer