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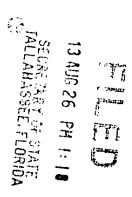
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO: Registration Section
Division of Corporations

Torena-Stock Properties, 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:

Ana Stock

Name of Person

Torena-Stock Properties, LLC

Firm/Company

PO BOX 2463

Address

Riverview, FL 33568

City/State and Zip Code

ana.stock@gmail.com

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

For further information concerning this matter, please call:

Ana Stock

Name of Person

.,727,214-7089

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)

Certificate of Status & Certified Cary

(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

Torena-Stock Properties, LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our recor Limited Liability Company)	rds.)	
(711701144	Emilied Emaility Company)		
The Articles of Organization for this Limited Liability (Company were filed on 04/21/2006	and assigned	
Florida document number L06000041857	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
		:	_
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the design	nation "LLC" or the abbrevia	tion
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADD	RESS)	**************************************	_
			*
		まで あ 288 2	X17
Enter new mailing address, if applicable:		ကြည်း တိုင်္	*2
(Mailing address MAY BE A POST OFFICE BOX)		es P	₹ #
			į
B. If amending the registered agent and/or regis	stered office address on our records,	enter the name of the r	<u>iew</u>
registered agent and/or the new registered office add	dress nere:		
Name of New Registered Agent:			_
New Registered Office Address:			
New Registered Office Address.	Enter Florida sti	reet address	-
	, Flo	rida	
	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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Susana L. Torena	2060 Marilyn St. #122	Add
			Remove
		Clearwater, FL 33765	_
			Add
			Remove
			_
			_ Add
			Remove
		- CAL	₹ ₩
		A A A A A A A A A A A A A A A A A A A	Add
			Remove
		FLORIDA	00
<u> </u>			_ Add
			Remove
			-
			Add
			Remove

D.	If ame	ending a	ny othei	r informatio	n, enter cl	hange(s) here	: (Attach c	dditional she	eets, if necessa	ry.)
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Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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JALLAHASSEE, FLORID