

LO6 000113226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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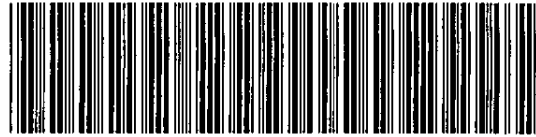
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. HAWKES

10/24

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Lost Stone Empire, 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:

Nelson Almeida

(Name of Person)

Lost Stone Empire, LLC

(Firm/Company)

1310 East Ave. North.

(Address)

Sarasota, FL 34237

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Nelson Almeida

(Name of Person)

at (941) 580-8806

(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**

Lost Stone Empire, 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 11/06 and assigned
Florida document number ~~865944606~~ L0600013226

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:

New Registered Office Address:

(Enter Florida street address)

_____, Florida _____
(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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mr.	MILTON Almida MGRM	1310 East Ave N. Sarasota FL 34237	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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OCT 2 2008
TALLAHASSEE, FLORIDA
CLERK OF COURT

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

Dated 9/14, 08
Melissa A. Booth
 Signature of a member or authorized representative of a member
Melissa A. Booth
 Typed or printed name of signee



Lost Stone Empire, LLC
1310 East Ave. North
Sarasota, FL 34237
(941) 364-3939
www.loststoneempire.com

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SARASOTA COUNTY CLERK
TALLAHASSEE, FL 32301

DISSOLVANCE OF PARTNER

On this 10th day, September, 2008, I, Milton Almeida Milton Almeida choose to dissolve myself of partnership of Lost Stone Empire, LLC.

This means that I will be responsible for filing my 2008 individual tax returns- which will include profits/losses from LSE for that year. Lost Stone Empire will furnish all records needed to do so.

This also means that I will not be held responsible for any debts which Lost Stone Empire has incurred since its inception in 2006.

This also means that I will not benefit from any future profits of Lost Stone Empire.

As of this day, I am freeing myself of all business projects and obligations of Lost Stone Empire.

Signature [Signature] Date 9/16/08
Milton Almeida

Witness [Signature] Date 9/16/08
Nelson Almeida

Witness Melissa A Booth Date 9/16/08
Melissa Booth