

# L07000033045

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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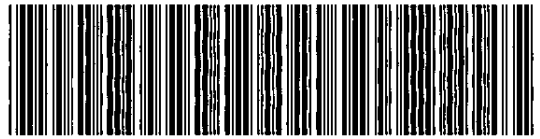
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2010 FEB 26 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 1 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Elite Stucco & Stone Creations 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:

Douglas Michael Sheldon

Name of Person

Elite Stucco & Stone Creations LLC

Firm/Company

6013 Country Walk Lane

Address

Winter Haven FL 33880

City/State and Zip Code

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

For further information concerning this matter, please call:

Douglas M. Sheldon

Name of Person

at (803) 207-7036

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**

**FILED**

2010 FEB 26 PM 2: 56

**Elite Stucco & Stone Creations LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/27/2009 and assigned  
Florida document number L07000033045.

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)**

6013 Country Walk Lane

Winter Haven FL 33880

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6013 Country Walk Lane

Winter Haven FL 33880

**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:

Douglas Michael Sheldon

New Registered Office Address:

6013 Country Walk Lane

*Enter Florida street address*

Winter Haven

, Florida

33880

*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.*

**X**

**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

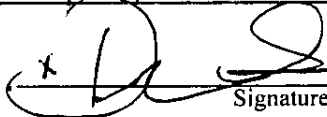
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Dewey Youngblood	P O Box 686 Eagle Lake FL 33839	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	Maria S Rizer	P O Box 686 Eagle Lake FL 33839	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	Antonio Lugo	P O Box 686 Eagle Lake FL 33839	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nino Dagostino	P O Box 686 Eagle Lake FL 33839	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Richard G Slaughter	P O Box 686 Eagle Lake FL 33839	<input type="checkbox"/> Add <input checked="" 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated x 2/21/2010, x \_\_\_\_\_.

x 

Signature of a member or authorized representative of a member

Douglas Michael Sheldon

Typed or printed name of signee

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