## 10800005705

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Filone #)				
PICK-UP WAIT MAIL				
•				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
ì				
į				

Office Use Only



000207295470

05/13/11--01015--004 \*\*25.00

T. HAMPTON

MA: 1 6 2011

EXAMINER

## **COVER LETTER**

то:	Registration S Division of Co			
SUBJE	СТ:		BY POLO, LLC.	
	•	Name of Limi	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please i	eturn all correspo	ondence concerning this matter	to the following:	
Name of Person				
Firm/Company				
6664 DUCK POND LANE				
CAD				
SARASOTA, FL 34240  City/State and Zip Code  directstonebuy@gmail.com				
			ctstonebuv@gmail.com	
	tion)			
For furt	her information of	concerning this matter, please c	all:	
		NDR F. FILIPSKIY	at 1 = 1	47-4544
	Name o	of Person	Area Code & Daytime T	Celephone Number
Enclose	d is a check for t	he following amount:		
<b>√</b> ]\$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

## TO SECRETARY OF STATE ARTICLES OF ORGANIZATIONIVISION OF CORPORATIONS OF

· STONE	BY POLO, LLC.	·····	
(Name of the Limited Liability (A Florida Li	Company as it now appea mited Liability Company)	rs on our records.)	
(**********	,,, ,, ,		
The Articles of Organization for this Limited Liability Co	mpany were filed on	08/07/2008	and assigned
Florida document number L08000075905			
	_		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company he	<u>re:</u>	
	STONE BUY, LLC.		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Comp	any," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>	·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
The state of the s			
,	****		
B. If amending the registered agent and/or registe	red office address on	our records, enter t	the name of the new
registered agent and/or the new registered office addre	ess here:	<u> </u>	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
Managaries Office Address.	En	nter Florida street ada	ress
		, Florida	
	City		7in 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member						
Title .	<u>Name</u>	Address	Type of Action			
			Add Remove			
			Add Remove			
·			Add Remove			
			Add Remove			
	**************************************		Add Remove			
			Add Remove			
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SEI 11 11			
   Dated			HAY 13 AM 11:24			
	Signature of a member	of authorized representative of a member				
	Typed	or printed name of signee	··· <del>··································</del>			

Page 2 of 2

Filing Fee: \$25.00