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04/22/10-01025-014 **25.



D. BRUCE

APR 2 3 2010



COVER LETTER

TO: Registration Section Division of Corporations

Stone Sheets, LLC SUBJECT: 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: An Stanko Name of Person <u>StoneSheets</u>.LLC Firm/Company Biscayne Blud. 28th floor Address 201 Miami FL 33131 City/State and Zip Code E-mail address: (to be used for future annual report notification) **APR 22** For further information concerning this matter, please call: PK at (<u>959) 840 - 6 888</u> Area Code & Daytime Telephone Number Name of Person FLORIDA <u>ب</u> ယ္အ Enclosed is a check for the following amount: **\$55.00** Filing Fee & \$25.00 Filing Fee \$30.00 Filing Fee & **3**\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: **Registration Section** Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

StoneShee (<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ets, LLC <u>y as it now appear</u> iability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL09000011638	were filed on	02/04/2009	and assigned	
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here	21		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compar	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	201 Biscayne Blvd,			
(Principal office address MUST BE A STREET ADDRESS)	28th Floor	•		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	Miami, FL 33 P.O. Box 3984 Ft. Lauderdale	47	CAPR 22 PH 3 3	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ur records, <u>enter t</u>		
Name of New Registered Agent:	MB			
	Ent	er Florida street add	ress *	
		, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code	

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</u> or Managing Member being added or removed from our records:

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MGR = Manager MGRM = Managing Member

<u>Title Name</u>		ddress	Type of Action		
	/V/M		Add Remove		
			Add Remove		
			Add Remove		
<u></u>			Add Remove		
			Add Remove	Ŧ	
			Add Ramove	£	
D. If am	ending any other information, enter change(s) h	ere: (Attach additional sheets, if necessary.)	22 PH ASSEE, F		
-			STATE LORIDA		
	April 2012, 2010	-	_		
		thorized representative of a member			
		anko nted name of signee			
		ge 2 of 2 Fee: \$25.00			