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**EXAMINER** 



800179924158

05/13/10--01018--014 \*\*25.00

SECRETARY OF STATE

## **COVER LETTER**

Division of Co			
SUBJECT:	Stonecrafte	rs Cast Stone, LLC	
30bjec1		ted Liability Company	<del>Phys. J. 10 (1997)</del>
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		William R Morris	
	<del></del>	Name of Person	<u>.</u>
	Stone	ecrafters Cast Stone, LLC	
	<del>,,</del>	Firm/Company	
	611 S.	Ft. Harrison Avenue #385	
	****	Address	
		Clearwater, FL 33756	
		City/State and Zip Code	
	Si E-mail address: (	onecrafter1@aol.com to be used for future annual report notific	ation)
For further information	concerning this matter, please of	-	,
To fundo información	contesting and manaci, process		
	chelle Denny	a. ( · - · /	61-9655
Name	of Person	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)
MAII	INC ADDRESS.	STDFFT/COIDIF	D ADDRESS

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stonecrafters Ca	ast Stone, LLC			
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our recor ability Company)	rds.)		
The Articles of Organization for this Limited Liability Company were filed on				
Florida document numberL09000118063				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	lity company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ed Liability Company," the design	nation "LLC" or the abbreviation		
Enter new principal offices address, if applicable: 611 S. Ft. Harrison Avenue #385		ue #385		
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, FL 33756			
Enter new mailing address, if applicable:	611 S. Ft. Harrison Aven	ue #385		
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater, FL 33756			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		
	Enter Florida str			
	City , Flo	rida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	-	ARY OF M		

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 Fait familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. OF 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 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

<u>le</u>	Name	Address	Type of Action
<b>-</b>	Gary L Bolyard	401 Lime Drive Nokomis, FL 34275	Add  Remove
<u>-</u>			Add Remove
			Add Remove
			Add Remove
	<del></del>		AddRemove
	<del></del>		AddRemove
If amer	nding any other information, ente	r change(s) here: (Attach additional sheets, if n	ecessary.)
			SECTION IN
	May 4		AY 13 PH AKTARY OF ARTARY OF
	j	an ha	Figure 5

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Filing Fee: \$25.00