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10 MAY -3 PM 2: 21
SECRETARY OF STATE
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COVER LETTER

TO: Registration S Division of Co			A		
	Ela 9	Stone, LLC			
SUBJECT:		ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Dennis R. Bedard Name of Person	······································		
	Dennis R. Bedard, Attorney at Law Firm/Company				
	1717 North Bayshore Drive, Suite 215 Address				
Miami, Florida 33132 City/State and Zip Code					
	<u>der</u> E-mail address: (t	nnisbedard@mac.com o be used for future annual report notificat	tion)		
For further information	concerning this matter, please c	all:			
Dennis R. Bedard Name of Person		at (305) 5 Area Code & Daytime T	300795 Celephone 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

•	OF	FILED		
• *		FILED TO MAY -3 PM 2: 2		
	Ela Stone, LLC	PA 2: 2		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on (lorida Limited Liability Company)	DUT TECOTOS.) PALLAHASSEE, REORID		
	2/	16 (1)		
The Articles of Organization for this Limited Liab	oility Company were filed on	10 // and assigned		
Florida document number 2/0000)(145)			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," t	he designation "LLC" or the abbreviation		
Enter new principal offices address, if applical	ole:	Liver to the second to the sec		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi	_	ecords, <u>enter the name of the new</u>		
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, <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	Name	Address	Type of Action
MGRM	Leo Izquierdo	1717 North Bayshore Drive, Suite 215 Miami, Florida 33132	Add Remove
			Add Remove
	<u></u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	
_			S MAY
	4/19/11		FILED Y-3 PM 2: 21
Dated	Signature of a m	nember or authorized representative of a member	是 22
	= >6x		

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Filing Fee: \$25.00