## L10000071191

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

JUL 2 6 2010

EXAMINER

## **COVER LETTER**

. Division of Corpo	ion Prations				
SUBJECT:	ST	ON LLC			
	Name of Limit	ted Liability Company		•	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
		SELIN CLARK		_	
-		Name of Person			
		STON LLC		,	
		Firm/Company			
	3101 PC	ORT ROYALE BLVD #	1124		
		Address	<del></del>	- ACC	وسعة (أ) الماسي
	FT	LAUDERDALE, 33308		JUL 23 RETAR AHASS	Called on.
•		City/State and Zip Code		سب الشا	The state of
	in	fo@ljproservice.com			
For further information cor	ncerning this matter, please of		nonneation)	AH DE STATE E.FLORIDA	,
joh	ın castro	at (_786_)	2674397		
Name of F			aytime Telephone Numb	er	
Enclosed is a check for the	following amount:			•. •	<del>.</del>
<b>▼</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc.	losed) Certific	iling Fee, cate of Status & cd Copy onal copy is enclos	sed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

No	STON LLC		
( <u>Name of the Limited Liability</u> (A Florida L	company as it now appears inuited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co. Florida document number L10000071191	ompany were filed on	07/06/2010	_ and assigned
This amendment is submitted to amend the following:			
A: If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company	" the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			(1)
(Principal office address MUST BE A STREET ADDR	ESS)		N Thermal
	·	SEE, FLO	
Enter new mailing address, if applicable:		<u> </u>	5
(Mailing address MAY BE A POST OFFICE BOX)		7	<u>+</u>
B. If amending the registered agent and/or registered agent and/or the new registered office addr		r records, <u>enter the</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		z^*)	<u> </u>
	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 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>	Address	Type of Action
MGRM	ASYALI, TAYFUN	3101 PORT ROYALE BLV FORT LAUDERDALE EL 3	D Add 3308 7 Remove
MGRM	ASYALI, SUREYY	3101 PORT ROYALE BLV FORT LAUDERDALE FL 3	
****			Add Remove
·			Add Remove
<del></del>	<del></del>		SSEE OF Remove
			Add  Remove
	•	n, enter change(s) here: (Attach additional sheets,	
<u>A</u>	LSO INCLUDE OUR F	El/EIN Number: 27-2981465	<u>·                                    </u>
Dated	JULY 18		
	Signati	ire of a member or authorized representative of a memb	er
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00