

L11 0006 9014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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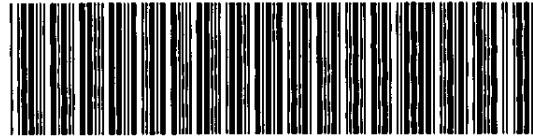
(Business Entity Name)

(Document Number)

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14 JUN -2 AM 11:56
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

JUN 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EB STONE PARTNERS, LLC

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:

MELISSA DYER

Name of Person

EB STONE PARTNERS, LLC

Firm/Company

11639 HACKBERRY ST

Address

PALM BEACH GARDENS FL 33410

City/State and Zip Code

INFO @ EBSTONEREALTY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA DYER

Name of Person

at (561) 370-3290

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)

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**

EB STONE PARTNERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/05/2011 and assigned Florida document number L11000090141.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11639 HACKBERRY STREET
PALM BEACH GARDENS FL 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11639 HACKBERRY STREET
PALM BEACH GARDENS FL 33410

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MELISSA DYER

New Registered Office Address:

11639 HACKBERRY STREET

Enter Florida street address

PALM BEACH GARDENS

Florida

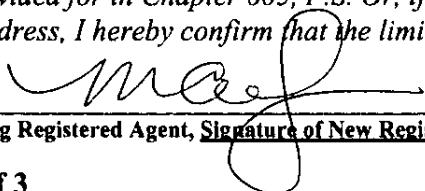
City

Zip Code

FILED
JUN -2 2011
AM 11:51
CLERK OF DISTRICT COURT
FLORIDA

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>CHRISTOPHER DYER</u>	<u>154 N RIVER DRIVE</u>	<input type="checkbox"/> Add
		<u>EAST JUPITER, FL. 33458 US</u>	<input checked="" type="checkbox"/> Remove

<u>MGR</u>	<u>BRIAN G KIDWELL</u>	<u>105 VIA AZURRA</u>	<input type="checkbox"/> Add
		<u>JUPITER, FL. 33458 US</u>	<input checked="" type="checkbox"/> Remove

<u>MGR</u>	<u>JAMES J WILLIAMS</u>	<u>12801 W OLD BALTIMORE RD</u>	<input type="checkbox"/> Add
		<u>BOYDS, MD. 20841 US</u>	<input checked="" type="checkbox"/> Remove

<u>MGR</u>	<u>MELISSA DYER</u>	<u>11639 HACKBERRY STREET</u>	<input checked="" type="checkbox"/> Add
		<u>PAUM BEACH GARDENS FL 33410</u>	<input type="checkbox"/> Remove

<u>MGR</u>	<u>CHRISTOPHER DYER</u>	<u>11639 HACKBERRY STREET</u>	<input checked="" type="checkbox"/> Add
		<u>PAUM BEACH GARDENS FL 33410</u>	<input type="checkbox"/> Remove

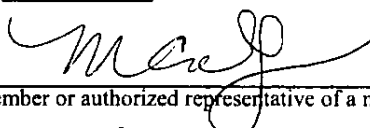
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 13, 2014.



Signature of a member or authorized representative of a member

MELISSA DYER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 JUN 02 14:56
RECEIVED
TALLAHASSEE, FLORIDA