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MAR 11 2021 S. YOUNG

2021 JAN 25 PM 6: 27

COVER LETTER

TO:	Registration Secti Division of Corpo		
CHRIC	CT: STONE	Design Sou	orce ILC.
SUBJE	CI. <u> </u>	Name of I	Limited Liability Company
The enc	losed Articles of An	nendment and fee(s) are	submitted for filing.
Please r	eturn all correspond	ence concerning this mat	tter to the following:
		Sergio	Paba Name of Person
			Name of Person
		Stone (Design source
			Firm/Company
		6601 NW	73rd CT Address
			Address
		Miami F	City/State and Zip Code
		info@STo E-mail addres	ne designs ource - com ss: (to be used for future annual report notification)
For furt	her information con-	cerning this matter, pleas	
Die	ana Paba		m 954 , 629-3655
	Name of Po	erson	at (954) 629-3655 Area Code Daytime Telephone Number
	d is a check for the f	Following amount: □ \$30.00 Filing Fee & Certificate of Status	\$ \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
*	Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassec. FL	porations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stone	Design	Source	LL C	25
(Name of the Limited	Liability Compa Florida Limited L	ny as it now app liability Company	ears on our records.) v)	25 PH
The Articles of Organization for this Limited Lia		were filed on	8/18/2011	<u>ත්</u>
This amendment is submitted to amend the follow				
A. If amending name, enter the new name of t	he limited liabi	lity company	here:	
ыla				
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," th	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	<u> 219</u>		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:		Pla		
(Mailing address MAY BE A POST OFFICE B	OX)			
B. If amending the registered agent and/or req agent and/or the new registered office address		ddress on ou	r records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:	NIa	-		
New Registered Office Address:	<u> </u>	Enter F	lorida street address	
			, Floric	da
		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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Perez, Humberto	6601 NW 73.d CT	□Add
		Miami, Fl 33166	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
		····	□Change
			□ Add
			□Remove
			□Change
			Remove
			□Change

	4710
	N/Q.
Note	effective date, if other than the date of filing: Old 2020 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(3) Eta 1 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the iment's effective date on the Department of State's records.
f the rec ecord is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
	d 1/21/2021
Date	*
Date	·
Date	*