# 11/00/01/313

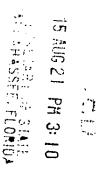
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		ĺ
d.		

Office Use Only



900276162359

08/21/15--01019--020 \*\*25.00



AUG 2 4 2015

Y SULKER

# COVER LETTER '

TO: Registration Sec Division of Cor		_	
SUBJECT: 540		arble Resturation	1,4C
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
•	,		
	Kenio	Latum Name of Person	
	Stone		Restoration
	110 SE	11th Curt Address	
	Doerfie	1) Baich, Fo	3344/
	Stone Email address: (1	City/State and Zip Code  City/State and Zip Code  City Morble   to be used for future annual report notificall:	gmail com
For further information co	oncerning this matter, please ca	ill:	
Kenia Name of	latum	at ( <sup>C</sup> /54) <u>(638</u> -	7776. Telephone Number
Enclosed is a check for the	e 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)
/ MAIL 1	NC ADDDDCC.	CTDEET/COUDIE	D ADDDESS.

### 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

## TO ARTICLES OF ORGANIZATION OF

Stone City Marble  (Name of the Limited Liability Compa (A Florida Limited I	lestoration ny as it now appears on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number\_\_\000104713		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	110 SE 11th Court  Deerfield Boach	, Fc 3 3441
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	110 SE 11th Court Deerfield Beach I	C33441
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		the name of the new
New Registered Office Address:	Enter Florida street address , <b>Florida</b>	
	City , 1 Tot kin _	ÇZip 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 Changing Registered Agent, Signature of New Registered Agent

# or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 110 SE 11 Ecort	Type of Action
MGR	Hugo Mauricio Florez	Zelaya Deerfield Bon FL 33441	Add
		33441	□ Remove
			Change
NE			□ Add
	Hugo Flores	Coral Spring, FL 33065	Remove
		Coral String, pe 33003	Change
			□ Remove
		7.5	Change
		72-12-13-13-13-13-13-13-13-13-13-13-13-13-13-	_□ Add _□ Add
		ジャ カラ・ ア ア	PRemove.
		(日本) (日本) (日本) (日本) (日本) (日本) (日本) (日本)	<u>မှ</u> FChange
			_□ Add
			_□ Remove
			Change
			_□ Add
			_□ Remove
			_□ Change

•	Chair	nging ! Mai	hoo	w no	ame	St 100	us yo	)		
-	anu	na	iling_	Addr	105S.					
-				Tha	nky	061/				
			<del>-</del>	····			<u></u>			
			1							
				· · ·			<u> </u>			
								\$	15 205	
								70 P. 1	62 PK	
(If an ef <b>Note:</b>	ffective date is lis If the date ins	ther than the coted, the date must erted in this bloed date on the Dep	be specific and ck does not m	cannot be prior to eet the applicat	o date of filing o ble statutory fi	r more than 90 ling requirem	(optional) days after filing ents, this date	.) Pirsua	َ جِي 0.605 nt	)207 (3 d as th
he re The	cord specific 90th day a	es a delayed fter the reco	effective dard is filed.	ate, but not	an effectiv	e time, at :	12:01 a.m.	on the	e earlier	r of:
Dated	I		<u> </u>		_ •	,				
	<del></del>		Signature of a n	nember of author	ized representat	ive of a memb	er			
					ized representati	, re the transfer				

Page 3 of 3

Filing Fee: \$25.00