L12000050612

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
7/18/12 No Money				

Office Use Only



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08/17/12--01020--020 **25.00

12 AUG 17 PM 12: 06

AUG 2 0 2012 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: EXCLUSIVE STONES 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:					
Harol Montes. Name of Person					
EXCLUSIVE STONES LLC.					
3139 HILL WOOD TER MZZ9					
Boca Raton FL. 33431 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Hard Montes at (561) 574-3786. Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$ (additional copy is enclosed) \$\ \text{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



RECEIVED

12 AUG 17 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 19, 2012

HAROL MONTES 3139 MILLWOOD TER M229 BOCA RATON, FL 33431

SUBJECT: EXCLUSIVE STONES LLC

Ref. Number: L12000050612

We have received your document for EXCLUSIVE STONES LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

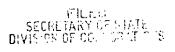
Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II

Letter Number: 612A00019170

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



12 AUG 17 PM 12: 06

EXCLUSIL	IE Stone	5 LLC	
(<u>Name of the Limited I</u> (A F	Liability Company as it nov Florida Limited Liability Co	w appears on our records.) mpany)	.
The Articles of Organization for this Limited Lia	bility Company were filed	on 04/13/201	2 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability comp	vany here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabilit	y Company," the designation	'LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(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 off		ess on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Wilelmina	Hincapie. Street	
New Registered Office Address:	160 NW 9th	Street Enter Florida street ad	Idraes
	Boca Rato.	η Florida	
	~		Zip Code
New Registered Agent's Signature, if changing R	egistered 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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Harol Montes Hillwood Ter MGR MAdd Remove ☐ Add Remove _ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 13 Dated Signature of a member or authorized representative of a member HanoL Montes
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00