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SEGRETARY OF STATE
PAULAHASSEE, FLORIS

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

FIRST STONE REUNION 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:

ALINE DARMOUNI

Name of Person

Massat Consulting Florida

Firm/Company

44 W FLAGLER STREET SUITE 1100

Address

**MIAMI FL 33130** 

City/State and Zip Code

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

For further information concerning this matter, please call:

**ALine Darmouni** 

<sub>31/</sub>305 600 4405

Name of Person

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**

## FIRST STONE REUNION LLC

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

(A Florida L	imited Liability Company)	<del>ceorus.</del> )
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/02/201	and assigned
Florida document number L1300000359	<b>→</b>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		型 <sub>S</sub> : 28
(Principal office address MUST BE A STREET ADDR	ESS)	AND TO
		ASSER - B
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5 5
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	l 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, <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

<u>Title</u>	Name	Address	Type of Action
MGR	Marc M Machicote	301 Arthur Godfrey Road #402	Add
		Miami Beach, FL 33140	Remove
MGR	Alexandre Viramoutou	44 W Flagler Street	_ _
		Suite 1100	Remove
		Miami FL 33130	_
			Add T
		Services of the services of th	
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D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<sub>Dated</sub> Jar	nuary 28th, 2013
	A.C. D.
	Signature of a member or authorized representative of a member
	Aline Darmouni, treasurer  Typed or printed name of signee
	- Prince in the control of the contr

Page 3 of 3

Filing Fee: \$25.00

SEGRETARY OF STATE