L13000005414

(Req	uestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
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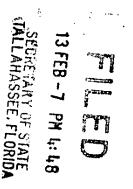
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COVER LETTER

TO:

Registration Section Division of Corporations

DBA STONUMS CUSTOM KITCHENS, LLC

SUBJECT:

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:

Brett Stonum

Name of Person

DBA Stonums Custom Kitchens, LLC

Firm/Company

1010 SE 16th Court

Address

Stuart, FL 34996

City/State and Zip Code

seabreezecabinetry@yahoo.com

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

For further information concerning this matter, please call:

Brett Stonum

,,772 **, 708-926**5

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

DBA STONUMS CUSTOM KITCHENS LLC

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

1/10/2013

STATE OF THE PARTY OF THE PARTY

The Articles of Organization for this Limited Li		were filed on 1/10/2013	and assigned
Florida document number L1300005414	<u>. </u>		ORDER TO
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
B. STONUM CUSTOM KITCHEN			
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ted Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		1010 SE 16TH COL	JRT
(Principal office address MUST BE A STREET ADDRESS)		STUART, FL 34996	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/o	or registered of		, enter the name of the new
registered agent and/or the new registered of	fice address her	<u>e</u> :	
Name of New Registered Agent:	Brett Ston	um	
New Registered Office Address:	1010 SE 1	16th Court	
		Enter Florida s	
	Stuart	, Fl	orida <u>34996</u>
		Cny	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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			<u> </u>	
			Remove	
			Add	
			Remove	
			_	
			Add	
			Remove	
			_	
			Add	
			_ Remove	
			- -	
_			_	
			Remove	

If amending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
	the state of the s
February 4	2013
ed I Columny 4	, 2010
	S. M. Home
	Signature of a member or authorized representative of a member
Brett Stonun	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00