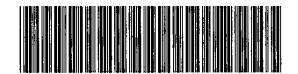
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
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SECURITY OF STATES

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COVER LETTER

	ation Section of Corporations	
UNI	IQUE STONE CREATIONS, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	icles of Amendment and fee(s) are submitted for filing.	
Please return all co	correspondence concerning this matter to the following:	
	DORIAN ZELAYA	
	Name of Person	
	Firm/Company	
	1385 COMERWOOD DR	
	Address	
	DELTONA, FL 32738	~2
	City/State and Zip Code	SECOND TO
	SEGARRAW@ATT.NET E-mail address: (to be used for future annual report notification)	温息 一
For further inform	nation concerning this matter, please call:	TA TO
MARICELI SEG	GARRA 386 216-4936	Ten on
	Name of Person Area Code Daytime Telephone Number	25 S
Enclosed is a chec	ck for the following amount:	
■ \$25.00 Filing	Gree \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status} \Bigcup \\$55.00 \text{ Filing Fee & Certificate of Status} \Bigcup \\$60.00 \text{ Filing Fee & Certificate of Status} \Bigcup \Bigcup \\$60.00 \text{ Filing Fee & Certificate of Status} \Bigcup \Big	Status &

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

UNIQUE STONE CREATIONS, LL				
(<u>Name of the Limited</u> (A	Liability Compa A Florida Limited I	ny as it now appears on our records.) Jability Company)		•
he Articles of Organization for this Limited Lia		were filed on	and a	assigned
lorida document number L13000084910	·			
his amendment is submitted to amend the follow	ving:			
. If amending name, enter the new name of t	the limited liab	ility company here:		
//A				
e new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation '	L.L.C."
Enter new principal offices address, if applicable:		1385 COMERWOOD DR		
rincipal office address MUST BE A STREET	ADDRESS)	DELTONA FL 32738		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	<u>0x)</u>	1385 COMERWOOD DR DELTONA FL 32738		<u>.</u>
If amending the registered agent and/o gistered agent and/or the new registered office Name of New Registered Agent:		e: EGARRA	enter the nam	e of the
New Registered Office Address:	1011011	Enter Florida street address	m _{es}	
	DELTON	, Flor		Ö
		City .	Zip Goo	le

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.

Changing Registered Agent Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	SEBASTIAN GUSTAFSON	2820 BECKWITH ST	Add
		DELTONA FL 32738	Remove
			☐ Change
MGR	CESAR NIEVES	2400 FOUNDER CT	Add
		DELTONA FL 32738	□ Remove
			Change
AMBR	DORIAN ZELAYA	DELTONA FL 32738	Add
			Remove
			□ Change
			Add
		- Marianto Saleston	_ □ Remove
			Change
			CO CO COMPANIE TO SOME
			Change
			□ Remove
			□ Change

	, h/h;
F Effec	tive date if other than the date of filing:
(If an e	tive date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed, nent's effective date on the Department of State's records.
	well self-centre date on the Department of State s records.
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
(b) The	e 90th day after the record is filed.
	요한 (문학 년
Dated	November 11 2015
	$\mathcal{O} = \mathcal{O}$
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00