# 117000146395

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone#	)
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#### **COVER LETTER**

	Registration Sect Division of Corpo			
SUBJEC	T:	GB STONEWO Name of Limite	RK LC ed Liability Company	
The encl	osed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please re	turn all correspond	lence concerning this matter to	the following:	
		JANOS	ZOLTAN GOI	n 805
		GBS	TONEWORK L	LC
			Tookey Address	
		NORT	H PORT FL City/State and Zip Code	34286
			m Bos a Yahoo. be used for future advisal report no	
For furth	er information cor	ocerning this matter, please cal	1:	
	RITA G Name of I	om Bos Person	at ( <u>941</u> ) <u>977</u> Area Code Daytii	977-0645 ne Telephone Number
Enclosed	l 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**

GB STONE	WORK LLC
( <u>Name of the Limited Liah</u> (A Flor	pility Company As it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on Oct 17/2013 and assigned
Florida document number <u> </u>	<u>395</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
GB STONE	WORKS LLC
The new name must be distinguishable and end with the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable:	NIA
(Mailing address MAY BE A POST OFFICE BOX)	
	gistered office address on our records, enter the name of the ne
registered agent and/or the new registered office ad	<u>Idress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
_	City Zip Code
New Registered Agent's Signature, if changing Registe	red 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

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Actio
MG-R	DAVID FERNANDEZ Esq	-1180-8 THE WEST PALMETTO, FL 34221	Add Remove
MGR_	JANOS ZOLTAN GOMBOS	1148 TOOLEY ST NORTH PORT, FL 34287	Add □ Remove
<u>n GR</u>	JÁNOS ZOLTÁNNÉ (RITA) GOMBOS	1148 TOOLEY St. NORTH PORT, FL 34287	t <b>b</b> Add
			Remove
			Add

,			
	,		**************************************
<u></u>			
(The effective date m	f other than the dat ust be specific, cannot be ent is filed by the Florida		(optional) ate and cannot be more than 90 days after
(The effective date m the date this docum	ust be specific, cannot be	e prior to date of receipt or filed d a Department of State)	(optional) ate and cannot be more than 90 days after
(The effective date m the date this docum	ast be specific, cannot be ent is filed by the Florida   1	e prior to date of receipt or filed d a Department of State)	ate and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00