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| Certified Copies        | Certificates      | s of Status |
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| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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## **COVER LETTER**

SUBJECT: Iron Stone Construction UCC

TO:

Registration Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

| The enclosed Artic | eles of Am         | endment and fee(s) are sub-               | nitted for filing   |   |
|--------------------|--------------------|---|---|---|
|                    |                    | nce concerning this matter                | _   |   |
|                    |                    | Ironston                                  | Name of Person  E Construct  Firm/Company  -onstone Dr E  Address  1/1e, FL 32.   | on, IIC   |
|                    | _                  | iron Ston -<br>E-mail address: (t         | City/State and Zip Code  O Ta gmail. Code  o be used for future annual report not | itication)  |
| <b>a</b> .         |                    | erning this matter, please ca             |   |   |
| Gilber             | H L<br>Name of Per | BA, ley                                   | at ( <u><b>b12</b></u> ) <u><b>22</b> 9 .<br/>Area Code Daytin</u>                | re Telephone Number   |
| Enclosed is a chec | k for the fo       | ollowing amount:                          |   |   |
| \$25.00 Filing     | Fee [              | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)               | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                    | Registratio        | ADDRESS:  n Section  Corporations         | STREET/COUR<br>Registration Section<br>Division of Corpo                          | on  |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1 ton Stone Constru   |  |
|---|--|
|   | any as it now appears on our records.)<br>Liability Company)         |
| ne Articles of Organization for this Limited Liability Company<br>orida document number <u>L13000153199</u> .   | were filed onand assigne   |
| is amendment is submitted to amend the following:   |  |
| If amending name, enter the new name of the limited liab  | pility company here:   |
| new name must be distinguishable and contain the words "Limited Liab  | ility Company," the designation "L.L.C" or the abbreviation "L.L.C." |
| ter new principal offices address, if applicable:   | 8007 Wakefield Ave   |
| incipal office address MUST BE A STREET ADDRESS)  | Jacksonville, FL 32208   |
| ater new mailing address, if applicable:  Samuel Address May BE A POST OFFICE BOX)                              | 5007 Wakefield Ave<br>Jacksonville, FL 32208                         |
| If amending the registered agent and/or registered of istered agent and/or the new registered office address he |  |
| Name of New Registered Agent:   | A  |
| New Registered Office Address:  | 74 - 8 co  |
|   | Enter Florida street address  Florida  Florida                       |
|   | City Zip Civil 9   |

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.

If 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 = Mar<br>AMBR = Aut | nager<br>horized Member |                      |                |
|-------------------------|-------------------------|----------------------|----------------|
| Title                   | Name                    | Address              | Type of Action |
| MGR/AMBA                | Gilbert L Bailey        | 2329 Ironstone Dr E  |                |
|                         |                         | JACKSONUIlle, FC 322 | 46 Remove      |
|                         |                         |                      | Change         |
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| E. Effective date                            | e, if other than                             | the date of fili                          |                                    | 6/08/            |  | (optional)                                  |  |
| (If an effective da<br><u>Note:</u> If the d | te is listed, the date<br>ate inserted in th | e must be specific a<br>his block does no | and cannot be pr<br>t meet the app | licable statutoi | ng or more than 9<br>ry filing require | 0 days after filing.)<br>ments, this date v | Pursuant to 605.02<br>vill not be listed |
| document's ef                                | fective date on t                            | he Department o                           | f State's recor                    | ds.              |  |   |  |
| If the record sp                             | pecifies a dela                              | aved effective                            | e date, but                        | not an effec     | tive time, at                          | 12:01 a.m. o                                | on the earlier                           |
| (b) The 90th                                 |  |   |                                    |                  | ·                                      |   |  |
|  | -<br>11112 (                                 | 8   | 201                                | 1                |  |   |  |
| Dated 7                                      |  | <u>~</u>                                  | -· #-1                             | · .              |  |   |  |
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Filing Fee: \$25.00