L14000125271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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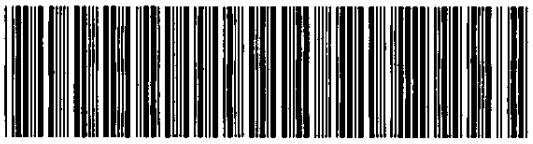

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FILED
2014 SEP -9 P 4:22
SECRETARY OF STATE

B. BOSTICK
SEP 16 2014
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FAMILY STONEWORKS 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:

CHRISTIAN ARAMBARRY
Name of Person

FAMILY STONEWORKS LLC
Firm/Company

3405 W. SLIGH AVE
Address

TAMPA FL. 33614
City/State and Zip Code

FAMILYSTONEWORKS@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTIAN ARAMBARRY at (813) 802-2360
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)

FILED
04 SEP -1 PM 12:24

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

FAMILY STONEWORKS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/17/2014 and assigned Florida document number L14000012527.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:
(Principal office address MUST BE A STREET ADDRESS)

3405 W. SLIGH AVE
TAMPA FL. 33614

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3405 W. SLIGH AVE
TAMPA FL. 33614

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CHRISTIAN ARAMBARRY

New Registered Office Address: 3405 W. SLIGH AVE
Enter Florida street address

TAMPA, Florida 33614
City *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 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.

x _____
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	KENNETH CADIZ	12446 MONDRAGON DR	☐ Add
		TAMPA FL. 33625	☒ Remove
MGR	Patricia CADIZ	12446 MONDRAGON DR	☐ Add
		TAMPA FL. 33625	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 7, 2014.

Signature of ~~a member or authorized~~ representative of a member

CHRISTIAN N ARAMBARRY
Typed or printed name of signee

2014 SEP -4 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2014

CHRISTIAN N. ARAMBARRY
3405 W. SLIGH AVENUE
TAMPA, FL 33614

SUBJECT: FAMILY STONEWORKS LLC
Ref. Number: L14000012527

We have received your document for FAMILY STONEWORKS LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 014A00011930

FILED
2014 SEP -4 P 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA