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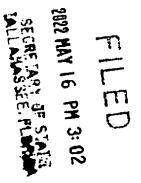
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	RLING Name of Lim	STONE /	LIC	
The enclosed Articles of Amendmen	t and fee(s) are sub	omitted for filing.		
Please return all correspondence con	cerning this matter	to the following:		
	Eein	Daviero Name of Person		
	Stir	ling Stone	IL	
	PO BO	X 1822 Address		
	Palm	City, PL City/Site and Zip Code	34991	
	Shoostip E-mili address: (Lingstone Code to be used for future annual re	maile port notification)	D Com
For further information concerning the	nis matter, please ca	all:		
Exein Davies Name of Person	<u>eo</u>	at (<u>Gel)</u> 37	31-0734 Daytime Telephor	
Enclosed is a check for the following	gamount:			
	0 Filing Fee & ifficate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Add	lress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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 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>	Name		Address	<u>1</u>	ype of Action
MGR	Covey Pr	<u>run</u> eski	PO BOX 1822		_ □Add
	9		PO BOX 1822 Palm City, FL	34991	L Remove
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fective date, if other in effective date is listed, ote: If the date inserte icument's effective date	the date must be speci- d in this block does	fic and cannot be position in meet the app	dicable statutory	or more than 90 days filing requirements	optional) after filing.) Pursuant , this date will not b	to 605.0207 (be listed as t
ecord specifies a delay is filed.	ed effective date, bu	ut not an effectiv	e time, at 12:01 a	.m. on the earlier o	f: (b) The 90th da	y after the
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nted	_ <u> </u>	Ry	uthorized represents	mo		

Filing Fee: \$25.00