da Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLAYTON STONE, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Sec Division of Corp				
Clayton St	one, LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspon	ndence concerning this matter to	o the following:		
	Cheyenne Moseley			
	**************************************	Name of Person		•
	Legalzoom.com, Inc.	•	•	70 ZIII
		Firm/Company		
	100 W. Broadway Suite I	100	,	CAHASSI
		Address		
	Glendale, CA 91210			
		City/State and Zip Code		7 24 5 98 5
	handrailpub@cs.com	o he used for future annual report notific	vation)	; .*
For further information co	oncerning this matter, please cal		,	
Imelda Vasquez		323 962-8600 cx		
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of 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

Clayton Stone, LLC			
(<u>Name of the Limited Liab</u> (A Flori	oility Company ida Limited Lia	as it now appears on our records. bility Company))
The Articles of Organization for this Limited Liability Florida document number L14000080989	' Company w 	vere filed on 05/19/2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liabili	ty company here:	7.00
The new name must be distinguishable and end with the words "I	Limited Liabili	ty Company," the designation "LLC"	
Enter new principal offices address, if applicable:		2404 SANDALWOOD DR	To the second
(Principal office address MUST BE A STREET ADL	DRESS)	FERN PARK FL 32730	
			2 7.
Enter new mailing address, if applicable:		2404 SANDALWOOD DR	70180 17171 60 10
(Mailing address MAY BE A POST OFFICE BOX)		FERN PARK FL 32730	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent:		ce address on our records,	enter the name of the nev
New Registered Office Address: 24	04 SANDA	LWOOD DR	
THE IT AND ASSOCIATION OF THE PARTY OF THE P		Enter Florida street address	
FEF	RN PARK	, Flor	rida <u>32730</u>
		City	Zip Code
New Registered Agent's Signature, if changing Register	ered 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

To: Page 5 of 6

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			_ □ Add
			☐ Remove
			P.C. DRemove
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May 30 14 09:03a

StoneDillenWynn, LLC

321-295-7955

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to: 2404 SANDALWOOD I	DR FERN PARK FL 32730	,
fective date, if other than the du	ie of filing: (opt	tional)
edate this document is filed by the Florid	ie prior to date of receipt or filed date and cannot be more than 90 days a Department of State)	salter
ted 5/30/2014		2014 DH SLORET
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63.	nature of amember or authorized representative of a member	

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Filing Fee: \$25.00