

L14 000 123587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

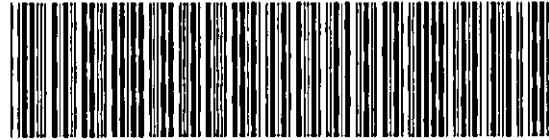
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400335085124

10/04/19--01020--001 **52.50

FILED
2019 DEC 26 AM 9:33
FALLS CHURCH, VA

DEC 27 2019

C Kinsey



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2019

CHARISEE RUSSELL
2151 WEKIWA OAKS DR
APOPKA, FL 32703

SUBJECT: FLORIDA STONE PAVERS, LLC
Ref. Number: L14000123587

*To whom it may
concern,
Please see correct
paperwork →
Tnx!*

We have received your document for FLORIDA STONE PAVERS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(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) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 319A00021968

2019 DEC 26 PM 1:58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Stone Pavers, 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:

Charisse Russell

Name of Person

Florida Stone Pavers

Firm/Company

2151 Wekiwa Oaks Dr.

Address

Apopka, FL 32703

City/State and Zip Code

FLSTONEPAVERLSCP@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charisse Russell

Name of Person

at (407)

Area Code

808-6324

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)

already paid \$52.50

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

FLORIDA Stone PAVERS, 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 8-5-14 and assigned
Florida document number L14000123587

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

N/A

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

N/A

2019 DEC 26 AM 9:33
FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

3. 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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

MBR = Authorized Member

<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AGR	Seth Bruce Nickerson	2151 W. Kiwa Oaks Dr Apopka, FL 32703	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

- 1) The 90th day after the record is filed.

Charles Russell

Signature of a member or authorized representative of a member

CHARISSE RUSSELL

Typed or printed name of signee