L14000133642

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COVER LETTER

то:	Registration Sec Division of Corp				
CUD IE	STONER S				
SUBJEC	CT:		ited Liability Company		
The encl	osed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspon	dence concerning this matter	to the following:		
		CAROLINA GARCIA	•		
			Name of Person	·	
		CG PRO BUSINESS CON	SULTING LLC		
			Firm/Company		
	623 PLANTATION KEY CIR UNIT 203				
			Address		
		OCOEE FL 34761			
			City/State and Zip Code		
CAROLINA.GARCIA@CGPROBUSINESS.COM E-mail address: (to be used for future annual report notification)					
For furth	ur information co	E-mail address: (i ncerning this matter, please ca	·	cation)	
		meering this matter, prease ca			
CAROL	JINA GARCIA		786 594-1269 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	d is a check for the	e following amount:			
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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

FILED

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SEURETARY OF STATE
LALLAHASSEE, FLORIDA

STONER S.A.S. 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 Co	ompany were filed on $\frac{08/26/2014}{}$ and assigned
Florida document number L14000133642	
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limit	ed liability company here:
N/A	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
·	
B. If amending the registered agent and/or registered agent and/or the new registered office address agent and Name of New Registered Agent: N/A	ered office address on our records, enter the name of the new ess here:
New Registered Office Address: N/A	
	Enter Florida street address
	, Florida
	Cuy Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and colaccept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is I office address. I hereby confirm that the limited liability

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JUAN SEBASTIAN STERLING	CL 165 54 30 IN 4	■ Add
		BOGOTA, COLOMBIA	☐ Remove
			Change
			Add
		•	☐ Remove
			Change
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Tective date, if other than th	e date of filing:			(optional)	
an effective date is listed, the date mote: If the date inserted in this locument's effective date on the l	block does not meet the a	pplicable statutory	g or more than 90 da filing requiremen	ys after filing.) Pursu its, this date will no	ant to 605.0207 (3)(b) ot be listed as the
record specifies a delaye		t not an effect	ive time, at 12	:01 a.m. on th	e earlier of:
The 90th day after the re			•		
	, 2015	J	7		
The 90th day after the re	2015 Signature of a member or	authorized represen	and of it member		

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Filing Fee: \$25.00