

L14000136541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

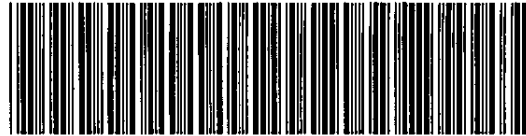
(Business Entity Name)

(Document Number)

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14 DEC 12 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 18 2014

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT:

Stone & Wood Renovations L.L.C.

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:

Richard Correa

Name of Person

Stone & Wood Renovations L.L.C.

Firm/Company

1119 Shalcross Ave.

Address

Orlando FL 32828

City/State and Zip Code

richcorrea777@hotmail.com

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

For further information concerning this matter, please call:

Richard Correa

Name of Person

at (407)

Area Code

488 5308

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)

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**

~~Stonewood~~ Stone & Wood Renovations
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) "LLC."

The Articles of Organization for this Limited Liability Company were filed on 09/02/2014 and assigned
Florida document number L14000136541

This amendment is submitted to amend the following:

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

Stone & Wood Renovations LLC.
The new name must be distinguishable and end with 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)

1119 Shallcross Ave
Orlando FL 32828

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1119 Shallcross Ave
Orlando FL 32828

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:

Richard Correa

New Registered Office Address:

1119 Shallcross Ave.

Enter Florida street address

Orlando

City

Florida

32828

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.

Richard Correa

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Correa Luz E.		<input type="checkbox"/> Add
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			<input checked="" type="checkbox"/> Remove
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MGR	Richard Correa		<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Just ~~remember~~ removing
the name of MBR of Luz E. Correa
for it was full wrong
The owner MBR is Richard Correa

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 12-08-2014

Richard Correa

Signature of a member or authorized representative of a member

Richard Correa

Typed or printed name of signee