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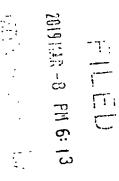
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Special Instructions to Filin	g Officer:	

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### **COVER LETTER**

TO:	Registration S Division of Co			
SUBJI	CCT:	SERVICES P	by J.A. LLC ted Liability Company	
The en	closed Articles o	f Amendment and fee(s) are subm	nitted for filing.	
Please	return all corresp	ondence concerning this matter t	o the following:	
			Alvarez Name of Person	<del></del>
			Firm/Company	
		20 Bedford	ct Unit C	
			Address	
		Royal Pal	m Beach FL 3 City/State and Zip Code	3411
		, '		
		E-mail address: (to	SI469mail.com  o be used for future annual report notifi	ication)
For fur	ther information	concerning this matter, please ca	n:	
	levier Name	Alverez of Person	at ( <u>561</u> ) <u>674 –</u> Area Code Daytime	1/19 Telephone Number
Enclose	ed is a check for	the following amount:		
<b>51</b> \$2:	5.00 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

(Name of the Limited	Liability Company as it how appears of Florida Limited Liability Company)	A LLC	<del></del>
`			
The Articles of Organization for this Limited Liab		2/13/2015	and assigned
Florida document number <u>LIS 0000 275</u>	318		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability company here	<u>:</u> :	
STONE SERVIC	ES LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the desi	gnation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET.	ADDRESS)		
		<u> </u>	1010
		-	
Enter new mailing address, if applicable:		• •	
(Mailing address MAY BE A POST OFFICE BO	OV)		The state of the s
Matting datess MAT BE A FOST OFFICE BC	<u></u>	·	<del> </del>
			<u>6</u>
B. If amending the registered agent and/or	registered affice address on a	our records onter the	رن Sname of the new
registered agent and/or the new registered office	•	our records, enter the	name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Enter Florida	a 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.

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>	Address	Type of Action
<del> </del>			□ Add
			☐ Remove
			☐ Change
		☐ Remove	
			☐ Change
		Add	
		Remove	
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		Remove	
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		Add	
			□ Remove
			☐ Change

- · · · · · · · · · · · · · · · · · · ·	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
_	
•	
·	
Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 0th day after the record is filed.
Dated _	3. le. 19
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00