

L15 0000 48007

Van

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

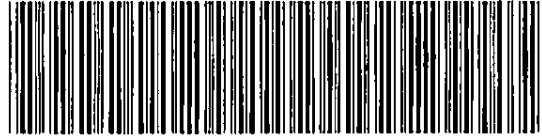
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/01/24--01015--0001 *25.00

FILED
2024 MAR -1 PM 5:09

If Changing Registered Agent, Signature of New Registered Agent

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SK STONES TAMPA 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:

DEBORA WILDER

Name of Person

THE WILDER GROUP

Firm/Company

4020 PARK ST N SUITE 103

Address

SAINT PETERSBURG, FL 33709

City/State and Zip Code

deb@thewildergroup.com

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

For further information concerning this matter, please call:

DEBORA WILDER

727 466-9575
at ()

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Type of Action</u>
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MGR	SHAHROUKH TAMUR	6018 East Chelona Rd	<input type="checkbox"/> Add
		Tampa, FL, 33619	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

AMBR	WALID AHMED	3932 Central Ave	<input type="checkbox"/> Add
		Trishy Chapel, FL, 33511	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

- AMBR	SHAHROUKH TAMUR	4507 W Hillsborough Ave	<input type="checkbox"/> Add
		Tampa, FL, 33614	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

- MGR	WALID AHMED	12921 66th St N,	<input type="checkbox"/> Add
		Largo, FL, 33773	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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[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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Shahrukh Taimur

Typed or printed name of signee

Filing Fee: \$25.00