

L15000143446

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TALLAHASSEE, FLORIDA

S. WARREN

AUG 08 2017

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: TRUE STONE MASONRY 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:

JULIE ADRIATICO SMITH

Name of Person

TRUE STONE MASONRY LLC.

Firm/Company

3600 N.E. CANDICE AVE.

Address

JENSEN BEACH, FL. 34957

City/State and Zip Code

JULIESMITH@TRUESTONEMASONRY.COM

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

For further information concerning this matter, please call:

JULIE A. SMITH

772

307-9121

at ( )

Name of Person

Area Code

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

TRUE STONE MASONRY LLC

The Articles of Organization for this Limited Liability Company were filed on 08/21/2015 and assigned Florida document number L15000143446.

17 AUG 77 PM 3:11  
w/Registered Agent  
STATE OF FLORIDA

**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>
AMBR	TROY W SMITH	2175 HOGAN DR.	<input type="checkbox"/> Add
		IRVING, TX. 75038	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JULIE A SMITH	2175 HOGAN DR.	<input type="checkbox"/> Add
		IRVING, TX. 75038	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JULIE A. SMITH	3207 S.E. SOUTH LOOKOUT BL	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL. 34984	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TROY W. SMITH	3207 S.E. SOUTH LOOKOUT BL	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL. 34984	<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

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Since I am the majority 51% owner of True Stone Masonry llc. and I'm in the process of appying for WOSB-Certification (Woman Owned Small Business), the WOSB is requiring me to amend this form showing that I am the majority owner of True Stone Masonry LLC. I need this document so I can file the proper doc. for WOSB.

Julie A. Smith is 51% owner of True Stone Masonry LLC.

Troy W. Smith is 49% owner of True Stone Masonry LLC.

Please change the address from 2175 Hogan Dr. Irving, TX 75038 to our new home address here in FL. at 3207 S.E. South Lookout Blvd. Port Saint Lucie, FL. 34957 while our office address remains the same.

**E. Effective date, if other than the date of filing:** 09/14/2015 **(optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated AUGUST 02, 2017



Signature of a member or authorized representative of a member

JULIE ADRIATICO SMITH

Typed or printed name of signee

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