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## **COVER LETTER**

<b>TO</b> : .	Registration Se División of Cor	ction porations					
CUD IEC		Stones LLC					
SUBJEC	Name of Limited Liability Company						
The encle	osed Articles of	Amendment and fec(s) are sub-	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Ramon Becerra					
		Affordable Stones LLC	Name of Person				
		1009 S.E. 12 Place	Firm/Company				
		Cape Coral , Fl. 33990	Address				
		amgcabinets@yahoo.com	City/State and Zip Code				
		E-mail address: (	to be used for future annual report notific	cation)			
For furth	er information c	oncerning this matter, please co	all:				
Ramon E	Becerra		239 872-1597 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	l is a check for th	ne following amount:					
\$25.0	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

Attordable Stones LLC				
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records rida Limited Liability Company)	<u>s.</u> )		
The Articles of Organization for this Limited Liability Florida document number L15000158324	y Company were filed on Sept. 17,2015	and assigned		
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	imited liability company here:			
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	-			
(Principal office address MUST BE A STREET AD	DRESS)	<del></del>		
		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	·			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records	- G		
registered agent and/or the new registered office a	dares nere.	_		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addres.	X.		
	City	orida		

## 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>	<u>Address</u>	Type of Action
AMBR	Yunet Becerra	1009 S.E. 12th Place Cape Coral, Fl. 33990	M Add
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	10/26/2018			
ective date, if other than the defective date is listed, the date must	late of filing: be specific and cannot be prior to da	te of filing or more th	(optional) an 90 days after filing.	) Pursuant to 605.0
e: If the date inserted in this bloom	ck does not meet the applicable	statutory filing req	uirements, this date	will not be listed
ument's effective date on the Dep	partinent of State's records.			
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record specifies a delayed he 90th day after the reco		enective time,	, at 12.01 a.iii.	on the earne
Oct. 26	, 2018			
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— # <del>3</del> /\$	Signature of a member or authorized	l representative of a r	nember	

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Filing Fee: \$25.00