L15000162202

(Requ	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
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, FLORIDA CAPITAL COURIER S	ERVICES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
Please use funds from this account:	1202100000160 : \$30.00
Authorization Signature	1 en thele
White Stone Developments, LLC	L15000162202
BUSINESS	DOC#
Certified Copy of Articles	
X Certificate of Status	
NOW DILINGS	ABAFAIDAAFAITC
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp	X Amendment
Not for Profit	Resignation of R.A. or member
Officer/Director	Dissolution
Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
Other	Merger
CORP	Conversion
LLLP	Amended and restated Articles
—	Statement of Authority
OTHER FILINGS	
	REGISTERATION/QUALIFICATIONS
<u>Trademark</u>	12 . 141.
Annual Report	Foreign filing
121 data Nilana	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE	Other
Country	Other
Country	

EXAMINIER'S INITIALS:____

COVER LETTER

TO:

Registration Section Division of Corporations

WHITE S SUBJECT:	TONE DEVELOPMENTS, LL	.C	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Robert Ryan Knight		
		Name of Person	
		Firm/Company	
Name of Person Firm/Company 4637 Vincennes Boulevard, Unit #5 Address Cape Coral, Fl. 33914 City/State and Zip Code Rob@whitestonedevelopmentsllc.com			
	Cape Coral Fl 33914	Address	
		Ryan Knight Name of Person Firm/Company incennes Boulevard, Unit #5 Address Coral, Fl. 33914 City/State and Zip Code	
	Name of Person Firm/Company 4637 Vincennes Boulevard, Unit #5 Address Cape Coral, FL 33914 City/State and Zip Code Rob@whitestonedevelopmentsllc.com E-mail address: (to be used for future annual report notification)	•	
Firm/Company 4637 Vincennes Boulevard, Unit #5 Address Cape Coral, FL 33914 City/State and Zip Code Rob@whitestonedevelopmentsllc.com	fication)		
For further information (concerning this matter, please c	all:	
Robert Ryan Knight		239 850-8821 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on . Pations

Tallahassee, FL 32301

RX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01 - June - 2023 and assigned Florida document number 15000162202 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Enter new mailing the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 4637 Vincennes Boulevard. Robert Ryan Knight According to the registered address of the policy o	WHITE STONE DEVELOPMEN			2010.	2 Pi	80:1 h
The Articles of Organization for this Limited Liability Company were filed on 15000162202 and assigned Florida document number 15000162202 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 4637 Vincennes Boulevard 463	(Name of the Lim	ted Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u>)		F STATE
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Robert Ryan Knight 4637 Vincennes Boulevard Unit #5 Cape Coral, FL 33914 A manual of New Registered Agent: New Registered Office Address: Robert Ryan Knight 4637 Vincennes Boulevard, Unit #5 Enter Florida street address Enter Florida street address Enter Florida street address Florida 33914	The Articles of Organization for this Limited L	iability Company	were filed on $\frac{01 - \text{June} - 2023}{2000}$	•		
Unit #5	Florida document number 15000162202					·6··
The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Enter new mailing the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: Robert Ryan Knight	This amendment is submitted to amend the fol	lowing:				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Robert Ryan Knight	A. If amending name, enter the new name o	of the limited liab	ility company here:			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Enter new mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: Robert Ryan Knight	N/A					
Unit #5	The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	or the abb	reviation "11	C."
Cape Coral, FL 33914 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Cape Coral, FL 33914 Unit #5 Cape Coral, FL 33914 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: Robert Ryan Knight	Enter new principal offices address, if applic	able:	4637 Vincennes Boulevard			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Cape Coral, FL 33914	(Principal office address MUST BE A STREE	ET ADDRESS)	Unit #5			
Mailing address MAY BE A POST OFFICE BOX Cape Coral, FL 33914 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Robert Ryan Knight 4637 Vincennes Boulevard, Unit #5 Enter Florida street address Cape Coral Florida 33914			Cape Coral, FL 33914			
Cape Coral, FL 33914 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: Robert Ryan Knight :	Enter new mailing address, if applicable:		4637 Vincennes Boulevard			
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: Robert Ryan Knight	(Mailing address MAY BE A POST OFFICE	BOX)	Unit #5			
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address Enter Florida street address			Cape Coral, FL 33914	-		
New Registered Office Address: 4637 Vincennes Boulevard, Unit #5 Enter Florida street address Cape Coral . Florida 33914	B. If amending the registered agent and registered agent and/or the new registered o	or registered of	ffice address on our records e:	s, <u>enter t</u>	he name o	of the new
Cape Coral . Florida 33914	Name of New Registered Agent:	Robert Ryan K	night			
Cape Coral, Florida 33914	New Registered Office Address:	4637 Vincenne			: 	
			Enter Florida street address	5		
		Cape Coral	, Flo	orida <u>3391</u>		
Zip Code New Registered Agent's Signature, if changing Registered Agent:	San Barra and a san and a san a		City		Zip Code	

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
MGR	Robert Ryan Knight	4637 Vincennes Boulevard	• · _ □ Add
		Unit #5	
		Cape Coral, FL 33914	Remove
		Cape Coral, 115,0014	
			Remove
			☐ Change
			Add
			. Remove
			□ Change
			. Remove
			Change
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Page 3 of 3

Filing Fee: \$25.00