

L160000004125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

2016 APR 18 PM 12:47



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2016

DANIEL A BARBOSA SR.
1098 NE 34TH CT, APT 1
OAKLAND PARK, FL 33334

SUBJECT: ART STONE RESTORATION LLC
Ref. Number: L16000004125

We have received your document for ART STONE RESTORATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 616A00008605

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

ART STONE RESTORATION LLC

Name of Limited Liability Company

2016 JUN 22 PM 1:21

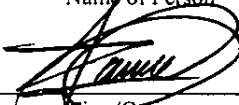
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL A. BARBOSA

Name of Person



Firm/Company

1098 NE 34TH CT, UNIT 1

Address

OAKLAND PARK, FL 33334

City/State and Zip Code

ART.MARBLESG@GMAIL.COM

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

For further information concerning this matter, please call:

DANIEL A. BARBOSA

Name of Person

at (954) 857-7238

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 22 P 12:14

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ART STONE RESTORATION LLC.

(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 01/06/2016 and assigned
Florida document number 116000004425.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ART STONE RESTORATION LLC. "THE SAME NAME"

The new name must be distinguishable and contain the words "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 ADDRESS)

1098. NE 34TH CT. APT 1
OAKLAND PARK, FL 33334

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NO APPLY

New Registered Office Address:

Enter Florida street address

City

Florida

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.

NO APPLY

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>	<u>Type of Action</u>
MGR	DANIEL A. BARBOSA	1098. NE 34TH CT, APT 1 OAKLAND PARK, FL 33334	<input checked="" 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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			<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.)

THE ONLY AMENDMENT CHANGE IS INSTEAD OF TITLE (AR) FOR MY SELF DANIEL A. BARBOSA OWNER, TO THE TITLE OF (MGR) ONLY ONE MANAGER. REMOVE TITLE (AR)!

E. Effective date, if other than the date of filing: 06/29/2016 (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)

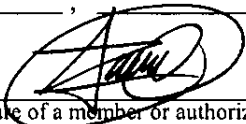
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 on the earlier of:

(b) The 90th day after the record is filed.

Dated

06/29/2016



Signature of a member or authorized representative of a member

DANIEL A. BARBOSA.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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