## 116000008645

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400316464474

08/08/18--01001--024 \*\*25.00



O SIMMONS AUG 1 () 2018

## **COVER LETTER**

Division of Corp			
		STONES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	SC	OKOL BACKA	
		Name of Person	
	HE	RITAGE STÓNES LLC	
		Firm/Company	
	3900 OLDFIELD CROSS	ING DR. APT 912	
		Address	
	JACKSONVILLE, FL. 32	223	
		City/State and Zip Code	
	heritagestones@comcast.n	et to be used for luture annual report notif	ication)
For further information co	ncerning this matter, please of	·	
SOKOL B		904 473-8685	
Name of		at () 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)
Registra	NG ADDRESS: tion Section of Corporations x 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	1

Tallahassee, Fl. 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

HERITAGE STONES LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our reco ed Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Compa	nny were filed on	and assigned
	•	
Florida document number		- 10 <b>6</b>
This amendment is submitted to amend the following:		1000 1000 1000 1000 1000 1000 1000 100
A. If amending name, enter the new name of the limited li	iability company here:	15 h m
•		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LI	i.C" or the abbreviation "L.C."
		627.
Enter new principal offices address, if applicable:		<u>5</u> r1
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
the state of the s		
B. If amending the registered agent and/or registered		rds, enter the name of the no
registered agent and/or the new registered office address h	<u>iere</u> :	
Name of New Registered Agent:		
New Registered Office Address:	<del></del>	
	Enter Florida street odd	ress
	1	Florida
	City	Florida
New Registered Agent's Signature, if changing Registered Age	·	•
intochterintete arvent singulature, it changing Accinicied arve	111.	

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. Thereby 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>	Address	Type of Action
MGR	KOSTA AHMET	8787 SOUTHSIDE BLVD. APT 5:	
			Remove
			Change
		<del> </del>	Add
			□ Remove
		<del></del>	Change
·			🗖 Add
			□ Remove
			Change
	<u> </u>		Add Renove
			Remove ラウ コ
		<del></del>	☐ Change
	· <del></del>		🗖 Add
			☐ Remove
			□ Change
			Add
			□ Remove
		· · · · · · · · · · · · · · ·	□ Change

	18
	18
	18
	18
	18
	18
	18
	18
	<u> </u>
	<u> </u>
	<b></b> ₹ }
	A ST
	6 F
	□□ ≥ □
	<u> </u>
Effective date, if other than the date of filing:	(optional)
I'an effective date is listed, the date must be specific and cannot be prior to date of filing or more than <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requir	90 days after filing.) Pursuant to 605,020
document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	it 12:01 a.m. on the earlier (
Dated	
Sant HA	
Signature of a member or authorized representative of a mer	mber

Page 3 of 3

Filing Fee: \$25.00