

L16000044647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

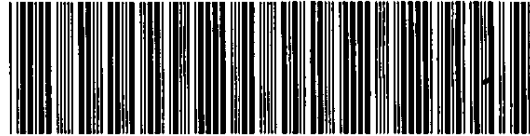
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300287334073

07/21/16--01021--002 **25.00

2016 JUL 21 P 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren
JUL 22 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

PRIMUS STONE MANAGEMENT LLC

SUBJECT: _____
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:

CLEMENT DESOLNEUX

Name of Person

PRIMUS STONE MANAGEMENT LLC

Firm/Company

3804 SWEETLEAF CT

Address

BRANDON FL 33511

City/State and Zip Code

clement.desolneux@gmail.com

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

For further information concerning this matter, please call:

Arthur de Barrau

954 2897223

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

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

Primus Stone Management 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 Sunbiz and assigned
Florida document number L16000044647

This amendment is submitted to amend the following:

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

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:

3804 SWEETLEAF CT BRANDON, FL 33511

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3804 SWEETLEAF CT BRANDON, FL 33511

(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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

FILED
2018 JUN 11 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
MGRM	Arthur de Barrau	1431 NE 56 CT	<input type="checkbox"/> Add
		Fort Lauderdale 33334 FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Etche Baro Investments LLC	805 N Andrews Av	<input checked="" type="checkbox"/> Add
		Fort Lauderdale 33311 FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Clement Desolneux	1431 NE 56 CT	<input type="checkbox"/> Add
		Fort Lauderdale 33334 FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TAMALOU LLC	1431 NE 56 CT	<input checked="" type="checkbox"/> Add
		Fort Lauderdale 33334 FL	<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

FILED
 2015 OCT 21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (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 July 7th, 2016

Handwritten signature of Clement Desolneux

Signature of a member or authorized representative of a member

Clement Desolneux

Typed or printed name of signee

FILED 2016 JUL 21 P 12:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA