

L16000076336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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04/09/18--01010--006 **25.00

2018 JUN -4 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2018

DENNIS STONE
6209 RIVER RUN DR
SEBASTIAN, FL 32958

SUBJECT: DENNY STONE BETTER BENEFITS LLC
Ref. Number: L16000076336

We have received your document for DENNY STONE BETTER BENEFITS 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 818A00007252

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENAME Denny Stone Better Benefits, LLC TO Stone Financial, LLC

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:

Dennis Stone

Name of Person

Stone Financial, LLC

Firm/Company

6209 River Run Dr.

Address

Sebastian, FL 32958

City/State and Zip Code

dstone@66apply.com

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

For further information concerning this matter, please call:

Dennis Stone

772 633-3848
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**

Denny Stone Better Benefits, 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 04/14/2016 and assigned
Florida document number 116000076336.

This amendment is submitted to amend the following:

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

Denny Stone Financial LLC

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:

Dennis Stone

(Principal office address MUST BE A STREET ADDRESS)

6209 River Run Dr

Sebastian, FL 32958

Enter new mailing address, if applicable:

6209 River Run Dr.

(Mailing address MAY BE A POST OFFICE BOX)

Sebastian, FL 32958

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:

Dennis Stone

New Registered Office Address:

6209 River Run Dr.

Enter Florida street address

Sebastian

Florida

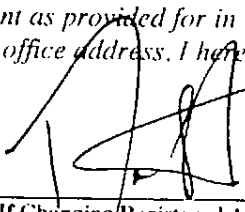
City

32958

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.


If Changing Registered Agent, Signature of New Registered Agent

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2016 JUN - 14 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
AMBR	Samantha Oertel		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3056 New York St, Miami, FL 33133	<input checked="" type="checkbox"/> Change
AMBR	Gregg Gurdak		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1446 Hayes, #9, Hollywood, FL 3302	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FILED

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.

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

Dated April 5, 2018

Signature of _____

Dennis Stone

Typed or printed name of signee