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From:

Account Name : LAW OFFICES OF MICHAEL A. HALBERG, P.A.

Account Number : I20100000044
Phone : (954)252-0589

Fax Number : (954)320-4555

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address: Mike a southfloridulau net

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PASSIENT OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STONELINE NAPLES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stoneline Naples LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now annears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document numberL16000094569	were filed on May 13, 2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbrevi	ation "L.L.C."	
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·		2
(Principal office address MIJST BE A STREET ADDRESS)			ب
		<u></u>	
		Ē 73	
Enter new mailing address, if applicable:		1	
(Mailing address MAY BE A POST OFFICE BOX)			
		= 5	
			
B. If amending the registered agent and/or registered office a			1
agent and/or the new registered office address here:			0
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	CIN Z	in 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

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
AR	Sezgin Celik	3540 NW 72 Avenue	■Add
		Miami, FL 33122	□Remove
			□ Change
			□Add
			□ Remove
		<u> </u>	☐ Change
			□ Remove
معاودية عليمين مستسمة المستق <u>د و</u> ي.	ر ردر مساله فصد نوست به در برهاییه در او دار باز است. استان فیشد، کار از بستندهای فراد و برای و برای و برای و ب	andre a Marie Mahar of Mahar of Arabit, glick and date a soft Marie annual to make an arrivant annual manadadi	
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Note:	ive date, if other than the date of filing:	χb) e
If the recor record is fi	d 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 led.	
Dated	July 2 2024	
	1	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00