

6/27/2016 2: PM FAX 813-884-0263

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DDS TAX SERVICE

Division of Corporations

120001/0005

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DDS TAMPA TAX SERVICE
Account Number : I20140000115
Phone : (813)882-8426
Fax Number : (813)884-0263

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STONE BRAX PROJECTS AND GRANITE LLC

Certificate of Status	0
Certified Copy	0
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2016 JUN 27 AM 2:59

STONE BRAX PROJECTS AND GRANITE LLC
TALLAHASSEE, FLORIDA

16 JUN 27 AM 9:40
FILED
TALLAHASSEE, FLORIDA
DIVISION OF STATE

JUN 28 2016

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STONE BRAX PROJECTS AND GRANITE 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:

BOYNARD VALLADARES, LUIZ P

Name of Person

STONEBRAX PROJECTS AND GRANITE LLC

Firm/Company

10419 CANARY ISLE DRIVE

Address

TAMPA, FL 33647

City/State and Zip Code

capvalladares@hotmail.com

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

For further information concerning this matter, please call:

BOYNARD VALLADARES, LUIZ P

305
at ()

733-8648

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

STONE BRAX PROJECTS AND GRANITE 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 06/09/2016 and assigned
Florida document number L16000112033.

This amendment is submitted to amend the following:

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

STONEBRAX PROJECTS AND GRANITE 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:

(Principal office address MUST BE A STREET ADDRESS)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

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>
			<input type="checkbox"/> Add
			<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.)*

76 JUN 27 AM 10 50
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TALLAHASSEE, FLORIDA

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CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

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 June 27th, 2016

X 

Signature of a member or authorized representative of a member

BOYNARD VALLADARES, LUIZ P

Typed or printed name of signee