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COVER LETTER-
TO: Registration Section Division of Corporations
SUBJECT: Lodestone Builders 3 Development, 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:
Advin Middletin Name of Person
Middleta Middletu Firm/Company
1969 Market St.
City/State and Zip Code Aviand Middleton and Middleton. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marian W. dolletin at (350) 728 - 2465 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee,

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Certificate of Status &

Certified Copy (additional copy is enclosed)

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

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

Lodestone Bi (Name of the Limited Liability (A Florida	y Company as it now appears on bur records.) Limited Liability Company)
· ·	ompany were filed on $\frac{9/22/20/6}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	ited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new mailing address, if applicable:	SSEE FLOR
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	<u>,</u>
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registere	d 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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