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Account Number : I20010000062  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STONEMAKERS OF NORTHERN FL, LLC

Certificate of Status	0
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D. BRUCE  
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AUG 16 2017

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: STONEMAKERS OF NORTHERN FL, 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

jtr121282@aol.com

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

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For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888 ext. 9724

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

STONEMAKERS OF NORTHERN FL, 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 10/17/2016 and assigned  
Florida document number L16000190919

This amendment is submitted to amend the following:

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

Concrete Stone Masters of Florida LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

14413 LAKE JESSUP DR.

(Principal office address **MUST BE A STREET ADDRESS**)

JACKSONVILLE, FL 32258

Enter new mailing address, if applicable:

14413 LAKE JESSUP DR.

(Mailing address **MAY BE A POST OFFICE BOX**)

JACKSONVILLE, FL 32258

**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:

14413 LAKE JESSUP DR.

Enter Florida street address

JACKSONVILLE,

Florida 32258

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	DAVID G CHERUP	14420 LAKE JESSUP DR.	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Remove
AMBR	DAVID G CHERUP	14413 LAKE JESSUP DR.	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32258	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 14, 2017

Signature of a member or authorized representative of a member

DAVID G. CHERU

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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