L17000013654

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone PICK-UP WAIT (Business Entity Name) (Document Number) Certified Copies Certificates Special Instructions to Filing Officer:	<u></u>	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration So Division of Con			
SUBJECT:	Slate Stone Weal	th Management, Lh nited Liability Company	C
	Amendment and fee(s) are sub	_	
	Patrick	E Tylander Name of Person	
	Jeta	Grove Partners LLC Firm/Company	
		U S Jeans Dr Address	
		Jupiter FL 33458 City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report noti	er@jetagrove partners.com fication) AND THE
Tatrick E. Name o	Tylander of Person	at (541) 779 Area Code Daytim	- 1749 SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
Enclosed is a check for t	he following amount:		60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
See \$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)
MAII	ING ADDRESS:	STDFFT/COUD	FD ADDESS.

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000013654</u> .	were filed on January 17, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
SlateStone Wealth, LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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 here	· Parties and the second secon
Name of New Registered Agent:	AN SON SON SON SON SON SON SON SON SON SO
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>	Type of Action
			
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