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COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: 6; a	Mar Paver Name of Limi	8 STONE T	<u>ksign</u>	LLC
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
	700	Name of Person		
		Name of Person		
		Firm/Company		
	19100 F/	ANTO NOGO Address	ī	
		Address		
	liami,	FL 33157	<u> </u>	
-		Mar Design o be used for future annual		on)
For further information conc	erning this matter, please ca	li:		
Juan A	se et	at (706)	399-	9389
Name of Pe	rson	Area Code	Daytime Tel	ephone Number
Enclosed is a check for the fo	ollowing amount:			
□ \$25.00 Filing Fee I	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		☐ \$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

GIAMAN PAVEN OF Name of the Limited Liability Companied Liability Companied Liability Companied Liability Companied Liability Companied Liability Companied Liability Companies Liability Liability Companies Liability	3 STUNG as it now appears on elability Company)	DESIGN LLC
The Articles of Organization for this Limited Liability Company	were filed on	10 2017 and assigned
Florida document number <u>L17000108</u> .411		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	ution "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20 TA
(Principal office address MUST BE A STREET ADDRESS)		
		ST. D. FRITTI
		Sign R
Enter new mailing address, if applicable:		5 F
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		22. 10
B. If amending the registered agent and/or registered office address here		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida
New Registered Agent's Signature, if changing Registered Agent:	Ciņ	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	•	• • •

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action
MGR	Nicole Guitian	19100 Fransonual Miami Florica 3215:	Add
			Remove
			Change
			🗆 Add
			C Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
-			
			SE Remove
			Service To Table
			☐ Add 17-
			_ Change

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Effective	date, if other than the date of filing: (optiona	1)	
Note: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filin the date inserted in this block does not meet the applicable statutory filing requirements, this date's effective date on the Department of State's records.	ng.) Pursuant to 605.	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m Oth day after the record is filed.	on the earlie	er of
Dated	July 20 . 2017.	=	_
		2017 Setu All	•
			_
	Signature of a member or authorized representative of a member		•
	Signature of a member or authorized representative of a member	21 SS	f
		MILZU P	•
	Signature of a member or authorized representative of a member TOGO BGAZ Typed or printed name of signee	24 PH 4: And C STA	•

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Filing Fee: \$25.00