

L17000109620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

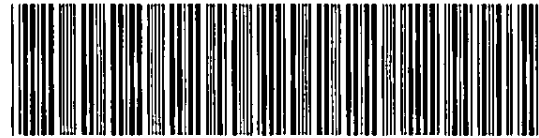
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong  
form

Office Use Only



300303575003

11/23/17--01006--026 \*\*11.25

09/27/17--01015--007 \*\*43.75

FILED  
17 NOV 27 AM 3:28  
TAMPA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2017

STILE AND STONE LLC  
211 HOME STRETCH BLVD  
DELAND, FL

SUBJECT: STILE AND STONE, LLC  
Ref. Number: L17000109670

We have received your document for STILE AND STONE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$11.25.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 717A00019688

2017 NOV 27 PM 12:53

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stile and Stone  
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:

Robert De Grodt  
Name of Person

Stile and Stone, LLC  
Firm/Company  
427 W Virginia Ave  
211 Homestead Blvd - 20  
Address

Deland FL 32724  
City/State and Zip Code

stileandstone17@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike De Grodt at 407 952-3403  
Name of Person 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 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**

\_\_\_\_\_  
(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 May 17, 2017 and assigned  
Florida document number L17000109670.

This amendment is submitted to amend the following:

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

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**)

~~211 Home Street Blvd~~ RD  
Deland FL 32724  
427 N Virginia Ave

Enter new mailing address, if applicable:

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

211 Home Street Blvd  
Deland FL 32724

**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:

Robert De Groot

New Registered Office Address:

~~211 Home Street Blvd~~ RD 427 N. Virginia Ave  
Enter Florida street address  
Deland, Florida 32724  
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>
MGR	James Wagar	1211 N McDonald Ave	<input type="checkbox"/> Add
		Deland FL 32724	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 APR 27 11 51 AM  
CITY OF DELAND  
CLERK

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

Address changed: 427 N Virginia Ave  
~~211 Homestead Blvd~~  
Deland FL 32724

No more Partnership b Takes James Wagar  
out of business  
completely

Sole OWNER b Robert Degroff

I James Wagar hereby release my  
50% ownership of the business to  
Robert M Degroff to be full owner

James Wagar

E. Effective date, if other than the date of filing: Oct 11 2014 (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_

Signature of member or authorized representative of a member

Robert Degroff

Typed or printed name of signer