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COVER LETTER

TO: Registration Se Division of Cor		4	**	
BRAYLYN	STONE IMPORT LLC			
SUBJECT:	Name of Lim	uited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	KAMILA KOLOZIOVA			
		Name of Person		
		Firm/Company		
	2581 4TH STREET			
		Address		
	ORLANDO, FL 32820		AELABA	1
	KAMILA.KOLOZIOVA@0	City/State and Zip Code GMAIL.COM	1 28 Solve	
	E-mail address: (to be used for future annual report notific	eation) S	
For further information c	oncerning this matter, please c	all:	(2 10 5 6	
KAMILA KOLOZIOVA		407 868-7150 at ()		
Name o	f Person		Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$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	-
	ING ADDRESS:	STREET/COURIE Registration Section		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAYLYN STONE IMPORT LI	.C					
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appea Liability Company)	rs on our records	<u>r.</u>)	_	-
The Articles of Organization for this Limited I	Liability Company	y were filed on 5/	22/2017		and a	assigned
This amendment is submitted to amend the fo	lowing:					
A. If amending name, enter the new name	of the limited lial	bility company h	ere:			
BKS STONE IMPORT, LLC						
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the	lesignation "LLC"	or the abl	oreviation '	"L.L.C."
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STRE						
	_					
Enter new mailing address, if applicable:		N/A		<u> </u>	- 5-2	
(Mailing address MAY BE A POST OFFICE	E BOX)					
				<u>5:</u>		-1-1
				ا سرام ا ورا	28	
B. If amending the registered agent and registered agent and/or the new registered of			our records	, <u>enter</u>	the nam	e of the ne
registered agent and/or the new registered	Jinee addi ess nei	<u> </u>		_0880	ڎ	0
Name of New Registered Agent:	N/A			₹ 	9-5	
New Registered Office Address:	N/A					
		Enter Flo	rida street address	·		
			, Flo	rida		
		City			Zin Cov	10

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>	Address	Type of Action
	N/A 		
			Remove
			Change
	N/A 		Add
			☐ Remove
			☐ Change
	N/A		Add
			Remove
	N/A		
			Remove
		 	Change
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			☐ Remove
			Change

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ective date, if other than the da effective date is listed, the date must be	te of fifing; specific and cannot be prior to de	te of filing or more than 90 c	_ (optional) lays after filing.)	Pursuant to 605.
te: If the date inserted in this block	does not meet the applicable			
ument's effective date on the Depa	riment of State's records.			
	ee at a data baa		2.04	
record specifies a delayed e he 90th day after the record		i effective time, at 1	.2:01 a.m. c	on the earlie
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JUNE 21ST	2018			
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Si	mature of a member or authorized	representative of a membe	г	

Page 3 of 3

Filing Fee: \$25.00