

217 000136693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

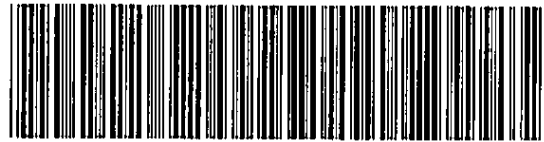
(Business Entity Name)

(Document Number)

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2021 OCT 13 PM 4:16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2021 OCT 18 PM 1:43

September 27, 2021

DEWAYNE A GORDON  
16919 WINSREAD LOOP  
WINTER GARDEN, FL 34787

SUBJECT: I MANAGE CONTRACTORS L.L.C  
Ref. Number: L17000136693

We have received your document for I MANAGE CONTRACTORS L.L.C and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 721A00023287

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: I MANAGE CONTRACTORS L.L.C**

\_\_\_\_\_  
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:

DEWAYNE A GORDON

\_\_\_\_\_  
Name of Person

I MANAGE CONTRACTORS L.L.C

\_\_\_\_\_  
Firm/Company

16919 WINGSPREAD LOOP

\_\_\_\_\_  
Address

WINTER GARDEN FL 34787

\_\_\_\_\_  
City/State and Zip Code

deago12002@yahoo.com

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

For further information concerning this matter, please call:

DEWAYNE A GORDON

561  
at ( )

876-1867

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

I MANAGE CONTRACTORS L.L.C

(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 MARCH 12, 2021 and assigned  
Florida document number 1.17000136693.

This amendment is submitted to amend the following:

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

CORNERSTONE PROPERTIES AND RENTALS, LLC

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)**

16919 WINGSPREAD LOOP

WINTER GARDEN, FL 34787

**Enter new mailing address, if applicable:**

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

16919 WINGSPREAD LOOP

WINTER GARDEN, FL 34787

**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:

DEWAYNE A GORDON

New Registered Office Address:

16919 WINGSPREAD LOOP

Enter Florida street address

WINTER GARDEN

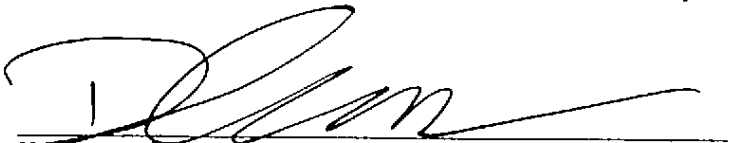
City

Florida 34787

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.*

  
**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>
<u>AMGR</u>	<u>QUANESHIA GORDON</u>	<u>16919 WINGSPREAD LOOP</u>	<input checked="" type="checkbox"/> Add
		<u>WINTER GARDEN, FL 34787</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>DEWAYNE GORDON</u>	<u>16919 WINGSPREAD LOOP</u>	<input checked="" type="checkbox"/> Add
		<u>WINTER GARDEN, FL 34787</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

[illegible]

(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.

Dated SEPTEMBER 2 2021

Signature of a member or authorized representative of a member organization

Signature of a member or authorized representative of a member

DEWAYNE A GORDON

Typed or printed name of signee

Typed or printed name of signee