

L17 000 137266

(Requestor's Name)

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(City/State/Zip/Phone #)

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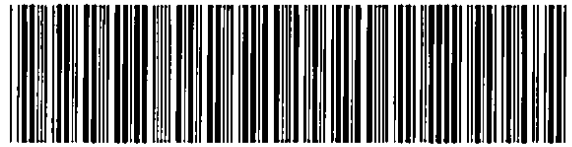
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACORN E.R. STONE GROUP, LLC

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:

PANGELINE J. EDWARDS

Name of Person

ACORN E.R. STONE GROUP, LLC

Firm/Company

2781 N. PINE ISLAND ROAD, # 208

Address

SUNRISE, FLORIDA 33322

City/State and Zip Code

SWSIM.INC@GMAIL.COM

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

For further information concerning this matter, please call:

PANGELINE EDWARDS

786 282-0964

at ()

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**

ACORN E.R. STONE GROUP, LLC

(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 JUNE 23, 2017 and assigned
Florida document number L17000137266.

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)

2781 N. PINE ISLAND RD, # 208

SUNRISE, FL 33322

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PANGELINE J. EDWARDS

New Registered Office Address:

2781 N. PINE ISLAND RD, # 208

Enter Florida street address

SUNRISE

City

Florida 33322

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>
AMBR	ADRIAN EDWARDS	67 MANHATTAN AVE, APT 13S	☐ Add
		BROOKLYN, NY 11206	☒ Remove
			☐ Change
AMBR	ANDREA EDWARDS	630 CHRISTINA DRIVE, APT 203	☐ Add
		WELLINGTON, FLORIDA 33414	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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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 FEBRURY 10, 2020


Signature of a member or authorized representative of a member

PANGELINE J. EDWARDS

Typed or printed name of signee