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S. YOUNG

COVER LETTER

TO: Registration Solution of Co				
	.R. STONE GROUP, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	PANGELINE J. EDWARI	os .		
		Name of Person		
	ACORN E.R. STONE GR	OUP, LLC		
		Firm/Company		
	2781 N. PINE ISLAND R	D, APT 208		
	 	Address		
	SUNRISE, FL 33322			
		City/State and Zip Code		
	pangeine.edwards@acorner			
P. a. Carabana in Camananian		to be used for future annual report noti	(tication)	
	concerning this matter, please c	an.		
Pangeline Edwards		786 282-0964 at ()		
Name of Person		Area Code Daytim	ne Telephone Number	
Enclosed is a check for t	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)	
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction	
Division of C		Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACORN E.R. STONE GROUP, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>(*</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.17000137266}{1.17000137266}$	were filed on June 23, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	"" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		N
		3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	.N
	171	
- ^ ·	, FR	orida

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 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>	Type of Action
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□ Add
			□Remove
			[] Change
			□Add
			Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Title is stated incorrectly as	"AMBR".				
Please amend Title to "MG	R"				
				<u></u>	
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ective date, if other than t	Ji se date of filing:	ily 13, 2020		(optior	ıal)
effective date is listed, the date nee: If the date inserted in this	ust be specific and can	not be prior to dat	e of filing or more i	han 90 days after fi	iling.) Pursuant to 605.0
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July 13	2()20			
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