117000157013

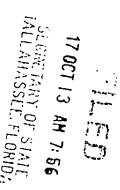
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	<i>y</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates c	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700304134167

10/13/17--01024--004 **25.00



COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	Weirstone,	LLC		
SOBJEC	-1:	Name of Lim	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		Justin Solitro		
			Name of Person	
		Weirstone, LLC		
			Firm/Company	
		480 Needles Trail		
			Address	
		Longwood, FL 32779		
			City/State and Zip Code	
		justin.solitro@weirstone.com		
		E-mail address: (1	to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	ıll:	
Justin Sc	olitro		407 310-3075	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Weirstone, LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000157013	y were filed on July 24, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ter the name of the ne
Name of New Registered Agent:		17 01 SEGRE
New Registered Office Address:	Enter Florida street address	1388A 173 170 170 170 170 170 170 170 170 170 170
	, Florida	C: Zip Code
New Registered Agent's Signature, if changing Registered Agent	.	22 cm

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>	Type of Action
MGR	Michael Solitro	870 Brantley Drive, Longwood, FL 32779	⊟ Add
			□ Remove
			Change
		 .	🗆 Add
			□ Remove
			Change
		Remove	
			Change
			Remove
			Change
			Add
		☐ Remove	
			Change
			Add
			Remove
			Change

•	
	
	<u> </u>
	<u> </u>
	17 17
	SA
	D STAIL
	D ₁ 6
fective date, if other than the date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the applicable statuto	ory filing requirements, this date will not be listed a
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier
October 11 2017	
1. hr Alla	
Signature of a member or authorized repres	entative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00