# 17000162756

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## **COVER LETTER**

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TO: Registration Division of C	Section Corporations	.,		
	Stone Countertops LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre-	spondence concerning this matter	to the following:		
	Jody D. Radeliff			
	Jody D. Radeliff CPA, LL	Name of Person C		
	870 Durlautan Augus, H	Fim/Company		
	870 Dunlawton Avenue, #	Address		
	Port Orange, FL 32127	Address		
	jody.radcliff@jodyradcliffc	City/State and Zip Code pa.com		
	E-mail address: (	to be used for future annual report no	tification)	
For further informatio	n concerning this matter, please c	all:		
Jody D. Radcliff		386 788-8680 at ()		
Nam	e of Person		ne Telephone Number	
Enclosed is a check fo	r the following amount:			
S25.00 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)	
	ILING ADDRESS:	(STREET/COUR Registration Secti	IER ADDRESS:	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Stone Countertops 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  $\frac{07/31/2017}{1.12017}$  and assigned Florida document number  $\frac{L17000162756}{1.1200162756}$ 

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) \_505 Orange Avenue Daytona Beach, FL 32114

Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

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Da	tona	Bel	ich	FL	32114	

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:	Jody D. Radcliff CPA LLC	
New Registered Office Address:	870 Dunlawton Avenue, #309	I D
-	Enter Florida street address	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Port Orange , Florida	32127 577 6
	Сіџ	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>	<b>Type of Action</b>
AMBR	Melanie Edwards	3798 Grove View Lane	Add
		Port Drange, FL 32/29	C Remove
			Change
			🗆 Add
			Remove
			Change
		<u> </u>	🗆 Add
			Remove
			Change
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			Remove
			Change
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			Change

. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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		-	

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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	August 28 2019
Dated	, <u></u> , <u></u> ,
	- Plan - demander - dema
	Signature of a member or authorized representative of a member

Melaine Edwards

Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00