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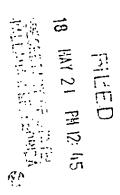
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## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Stonegate Customs 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:
Saul Alvarez Name of Person
Stonegate Customs, LLC
10750 Southeast Highway 4640
Ocklanaha FL 32179 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sau Alvarez at 352 409-4737 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 \$ 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

Stonegate Ci	ustoms, LLC
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit Florida document number $ extstyle L17000175$	<u> </u>
This amendment is submitted to amend the following	
A. If amending name, <u>enter the new name of the l</u>	limited liability company here:
	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 AL	ODRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2 5
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	Eliazar Alvarez
New Registered Office Address:	Enter Florida street address
	Florida
<del>-</del>	City Zin 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>	Address	Type of Action
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tive date, if other than the date of filing:	(optional)
fective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory fi	ir more than 90 days after filing.) Pursuant to 605 iling requirements, this date will not be list
nent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earlie
e 90th day after the record is filed.	
May 18 2018	
$\nearrow^{\sim}$	
Signature of a member or authorized representat	ive of a member

Page 3 of 3

Filing Fee: \$25.00