

L17000198906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

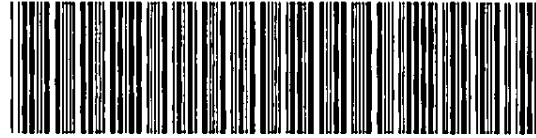
(Business Entity Name)

(Document Number)

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08/03/22--01009--028 \*\*813.75

2022 NOV -2 PM 12:11

Name Change

NOV 09 2022

D CUSHING

**D&R STONE DESIGN LLC**  
**DOC # L17000198906**

Hello,

We called directly to the division of corporations and were advised this amendment and reinstatement wasn't processed currently due to the check missing \$5.00 to process. The letter stated a different reason. Enclosed you will find a copy of the check that was initially submitted along with a copy of the pending \$5.00 and reinstatement/amendment documents.

We were not able to submit the request online due to the name already being used by someone else. Therefor the reinstatement had issues.

We need to first reinstate the entity and then amend it to the new entity name which will be G & R Stone Design LLC, which is currently available.

2022 NOV -2 PM 12:11

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

D&R STONE DESIGN 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 09/26/2017 and assigned  
Florida document number L17000198906

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

G&R STONE DESIGN LLC

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:**

3140 SW 19 ST #566

**(Principal office address MUST BE A STREET ADDRESS)**

PEMBROKE PARK, FL 33009

**Enter new mailing address, if applicable:**

3140 SW 19 ST #566

**(Mailing address MAY BE A POST OFFICE BOX)**

PEMBROKE PARK, FL 33009

**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:

GERONIMO D COUSIN

New Registered Office Address:

3140 SW 19 ST #566

Enter Florida street address

PEMBROKE PARK

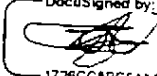
Florida 33009

City

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.*

DocuSigned by:  


1726CC8BC64A40D

**If Changing Registered Agent, Signature of New Registered Agent**

or removed from our records: enter the title, name, and address of each person being added

**MGR = Manager**

**AMBR = Authorized Member**

**Title**

**Name**

**Address**

Type of Action☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

Add

Remove

Change

Add

Remove

Change

Add


Remove

change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

DocuSigned by:  


~~U.S. Customs and Border Protection~~  
Signature of a member or authorized representative of a member

GERONIMO D COUSIN

Typed or printed name of signee

**Filing Fee: \$25.00**