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(Red	juestor's Name)	
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(City	/State/Zip/Phone	e #)
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(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
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COVER LETTER "

TO:	Registration Se Division of Cor			
43.5.105.000	Fieldstone (Oaks, LLC		
SUBJE	:C1:	Name of Lim	ited Liability Company	
				·.
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ondence concerning this matter	to the following:	
		Jonathan Spier		
			Name of Person	•
		Fieldstone Oaks, LLC		
			Firm/Company	
		7400 NE 8th Terrace		
			Address	
		Boca Raton, FL 33487		
			City/State and Zip Code	
		Jspier7@gmail.com	to be used for future annual &	- Control (Control)
For furt	ther information c	concerning this matter, please or	Ì	port nouncacon)
Jonatha	ın Spier		646 645	3660
	Name o	of Person	at () Area Code	Daytime Telephone Number
Enclose	ed is a check for the	he following amount:		
\$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	□ \$60.00 Filing Fee. Certificate of Status & cd) Certified Copy (additional copy is enclosed)
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registratio	f Corporations
		assee, FL 32314	2661 Exec	utive Center Circle F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fieldstone Oaks, LLC	l l	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on ou	r records.)
		7
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L17000224572	ļ	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company " the designati	on "I I C" or the abbreviation # C" = 10
Enter new principal offices address, if applicable:	7400 NH 8th Terrace	CRET LAHI
(Principal office address MUST BE A STREET ADDRESS)	Boca Rajon, FL 33487	AR.
		2 E O
		T _O
		OR III
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		records, <u>enter the name of the new</u>
New Registered Office Address:	Enter Florida stree	n address
	13.117 1 1371111 1371	
	City	, Florida Zip Code
	Cny	zsp Cow
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my du provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is
If Chan	ging Registered Agent, <u>Sig</u>	nature of New Registered Agent
Page 1	of 3	

If amendin	g Authorized Person(s) authorized to a from our records:	manage, <u>enter the title, name, and address</u>	of each person being added
MGR = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Pamela Dillon		
		1878 North 18th Boise ID 83702	■ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			D Add
			Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			☐ Change

If amending any other inform	nation, enter change(s) here	: (Attach additional s	heets, if necessary.)	
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Effective date, if other than th	re date of filing:		(optional)	
If an effective date is listed, the date m Note: If the date inserted in this l	ust be specific and cannot be prior	to date of filing or more than able statutory filing requ	in 90 days after filing.) Pur	suant to 605,0207 (3)(h not be listed as the
document's effective date on the	Department of State's records.	ļ		
ne record specifies a delaye The 90th day after the re		t an effective time,	at 12:01 a.m. on	the earlier of:
February 9 Dated	2018			
		/ /		
	Signature of afmember or author	rized representative of a m	nember	
	/ * /			
Langethan Calina				
Jonathan Spier		d name of signer		

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Filing Fee: \$25.00