117000228462

(Req	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)	,
Certified Copies	Certificate:	s of Status
Special Instructions to Fi	iling Officer:	
1.14.19		

Office Use Only



600329407976

05/29/19--01004--014 **30.00

RFCEIVED

MAY 28 2019

TON 1 5 1019

I ALPOITON

· · ·		COVER LETTER	
	•	COVER LETTER	
TO: Registration S Division of Co			
Stonegoat SUBJECT:	LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Brian Spliethof		
		<u> </u>	
		Name of Person	
		Firm/Company	
	PO Box 1208		
		Address	
	Ocoee, FL 34761		
	brispli995@gmail.com	City/State and Zip Code	
	E-mail address: ((to be used for future annual report notification)	
For further information	concerning this matter, please c		
Brian Spliethof		402 689-4976 at ()	
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 State Certificate of State Certified Copy (additional copy is enclosed)	atus &
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations	
P.O. 1	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stonegoat LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)	
(A) total canto	Matrice Company)	
The Articles of Organization for this Limited Liability Company	were filed on November 3 2017	and assigned
Florida document number L17000228462		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20:
		SO
		- 1
10 A		<u>ې</u>
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
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:		THE HAME OF THE RE
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
No. Barinton de Armana Circula de Carta	City	Sip Code
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 accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and , if this document is
If Chai	nging Registered Agent, <u>Signature of New R</u>	egistered Agent

MGR = NAMBR = NAMBR = NAMBR	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Karen Martinez	1710 Lochshyre Loop, Ococe FL 34761	
	· · · · · · · · · · · · · · · · · · ·		- Add
			☐ Remove
			Change
<u> </u>			
			Remove
			Change
			
			Remove
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change

-		
		
	<u>-</u>	
	· · · · · ·	
active data if other than the de	ate of filing:	(antional)
the effective date is listed, the date must be the effective date inserted in this block current's effective date on the Department's effective date on the Department of the Departm	k does not meet the app	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605.020 licable statutory filing requirements, this date will not be listed a ds.
		not an effective time, at 12:01 a.m. on the earlier o
he 90th day after the record	d is filed.	
ed May 22	2019	
0	1 4 /K	 -
) /) (/	
Sig	mature of a member of au	thonzed representative of a member
	Ame	

Page 3 of 3

Filing Fee: \$25.00