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(Re	equestor's Name)			
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(Document Number)				
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SLORE TARY OF STATE

COVER LETTER

	on Section f Corporations
RHIN SUBJECT:	O STONE LLC
	Name of Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.
Please return all cor	rrespondence concerning this matter to the following:
	RICARDO A. ROCHA FILHO
	Name of Person
	Firm/Company
	1917 NW 18TH ST STE 02
	Address
	POMPANO BEACH FL 33069
	City/State and Zip Code
	PRIMEINCOMETAXI@GMAI.COM
	E-mail address: (to be used for future annual report notification)
For further informat	tion concerning this matter, please call:
RICARDO ROCHA	
N	are of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing F	ce

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

any as it now appears on our records.) Liability Company)				
y were filed on 01/26/2018 and assigned				
bility company here:				
ility Company," the designation "LLC" or the abbreviation "L.L.C."				
1917 NW 18TH ST STE 02				
POMPANO BEACH - FLORIDA 33069				
1917 NW 18TH ST STE 02				
POMPANO BEACH - FLORIDA 33069				
office address on our records, enter the name of the ne				
AHAS TA				
SSE				
Enter Florida street address S. 7.				
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.

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
AMBR	SAMUEL S. MINGATO JUNIOR	4990 LIGHTHOUSE CIR #E	⊟ Add
		COCONUT CREEK- FL 33063	□ Remove
			☐ Change
			C Remove
			☐ Change
		15-11-11-11-11-11-11-11-11-11-11-11-11-1	☐ Remove
			Change
			
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Remove
			☐ Change

TEEMSE CHANGE THE AD	RESS OF AMBR RICARDO	A. ROCHA FILHO	TO 1917 NW 18T	H ST STE 02
POMPANO BEACH FL 3306	9			
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tive date, if other than the offective date is listed, the date must	be specific and cannot be prior to	date of filing or more th	optiona an 90 days after filin	g.) Pursuant to 60
If the date inserted in this blo nent's effective date on the De	:k does not meet the applicat partment of State's records.	ole statutory filing rec	uirements, this dat	e will not be lis
	65			
cord specifies a delayed e 90th day after the reco	eπective date, but not rd is filed.	an effective time	, at 12:01 a.m	. on the earl
APRIL 18	2018	•		
APRIL 16	, ,	· '		
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Page 3 of 3

Filing Fee: \$25.00