118000087290

(Reques	stor's Name)
(Addres	s)
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(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:
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Amend

MAY 13 2019 LALBRITTON

COVER LETTER

STONE ENTERPRISE LLC		
Name of Lim	ited Liability Company	
of Amendment and fee(s) are sub	mitted for filing.	
oondence concerning this matter	to the following:	
THOMAS YI		
CORNERSTONE ENTER	Name of Person PRISE LLC	,
14210 N. NEBRASKA AV	Firm/Company VE.	
TAMPA, FL 33613	Address	
	•	
	·	īcation)
·	813 4842113	
of Person		2 Telephone Number
the following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	TAMPA, FL 33613 THOMAS.CORNERSTON E-mail address: (concerning this matter THOMAS.CORNERSTON TOMAS.CORNERSTON THOMAS.CORNERSTON THOMAS.CORN	Name of Person CORNERSTONE ENTERPRISE LLC Firm/Company 14210 N. NEBRASKA AVE. Address TAMPA, FL 33613 City/State and Zip Code THOMAS.CORNERSTONENTERPRISE@GMAIL.COM E-mail address: (to be used for future annual report notific concerning this matter, please call: at (

MAILING ADDRESS:

TO:

Registration Section

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

CORNERSTONE ENTERPRISE LLC	
(Name of the Limited Liability Company as it r (A Florida Limited Liability Company)	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number L18000087290	led on 4/6/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	, ci
Mailing address MAY BE A POST OFFICE BOX)	P F
Training data (S.S. 1917) 1 DE JAT OST OT THE BOXY	<u> </u>
	, ω
3. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	dress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
AMBR	JENNY J KIM	14210 N. NEBRASKA AVE	
		TAMPA, FL 33613	Add
			Remove
			Change
			☐ Add
			☐ Remove
			☐ Change
		O Add	
		☐ Remove	
		Add	
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Effective date, if other than the an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the ap	plicable statutory filing requi	(optional) n 90 days after filing.) Pursuant to 605.020 rements, this date will not be listed a
ne record specifies a delay The 90th day after the r		not an effective time,	at 12:01 a.m. on the earlier c
APRIL 26	2019		
Dated	11 is	·	
	- (x-7/// ,		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00