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## **COVER LETTER**

Division of Corporations
SUBJECT: Tree Stone 3, LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Orbno Guerrero Name of Person
Tree Store 3, LLC Firm/Company
8010 NW. 156 Terrace Address
Miami Lakes, TFL 33016 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Orlando Guerraro at (786) 615-7149  Name of Person at (786) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \( \text{Certificate of Status} \) \( \text{Certificate of Status} \) \( \text{Certified Copy} \) \( \text{(additional copy is enclosed)} \) \( \text{Certified Copy} \) \( \text{(additional copy is enclosed)} \)

MAILING ADDRESS:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 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 OF INCLUDING ARTICLES OF ORGANIZATION OF OF INCLUDING ARTICLES OF ORGANIZATION OF PM 4: 23 (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 6/04/2018 and assigned Florida document number 18000138682. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA SAME NO CHANGE The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: NA SAME (Principal office address MAY BE A POST OFFICE BOX)

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:

. . . . . . . .

	City	, Florida Zip Code
New Registered Office Address:	SAME NO Enter Florida stree	CHANGE address
Name of New Registered Agent:	NIH SHME	

### 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	sonia Monrique De Juro	8010 NW 156 Terr	🗆 Add
		Miami Lakes, FL 3301	6 Remove
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E. Effective date, if other than the date of filing: (optional)
(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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a 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.
2010
Dated February 4. 2019
/ Mid Julio
Signature of a member or authorized representative of a member
<u> </u>

. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00