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SECRETARY OF STATE

AUG 21 2018 T. LETAIEUX

COVER LETTER

TO:	Registration Se Division of Cor			
emone	TREE STO			
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		SONIA MANRIQUE DE .	JURADO	
		TREE STONE 3, LLC	Name of Person	-
			Firm/Company	
		5805 BLUE LAGOON DE	RIVE #175	
			Address	
		MIAMI, FL 33126		
			City/State and Zip Code	
		JALVARINO.PA@GMAII	COM to be used for future annual report notif	(ication)
For furtl	her information c	oncerning this matter, please ca		
JORGE	E A ALVARINO		786 304-60464	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$25	.00 Filing Fec	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

TREE STONE 3, LLC

FILED

	(A Florida Limited Liability Compan	2019 AUG 15 🗭 5: 9:4
The Articles of Organization for this Limited L	iability Company were filed on	06/04/2018 SECRE LART UT STATE TALLAHASSEE, FLORIDA
Florida document number L18000138682		TALLAHASSEE, FLORIDA
This amendment is submitted to amend the fol	owing:	
A. If amending name, enter the new name of	f the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE)	ET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the new
Name of New Registered Agent:	ALEJANDRO CABRERA	
New Registered Office Address:	5805 BLUE LAGOON DRIV	E #175 Florida street address
	MIAMI	, Florida 33126
	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
MGR	XIOMER A NAVARRO	5805 BLUE LAGOON DRIVE #175	
		MIAMI, FL 33126	■ Remove
			□ Change
MGR	ALEJANDRO CABRERA	5805 BLUE LAGOON DRIVE #	■ Add
		MIAMI, FL 33126	Remove
			Change
			
			□ Remove
		·····	Change
			Remove
			Change
			Add
			Remove
			Change
		<u> </u>	□ Remove
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an effective date i ote: If the date	f other than the date of s listed, the date must be specinserted in this block doc tive date on the Department	cific and cannot be p es not meet the ap	plicable statutor	ng or more than 90 da 'y filing requireme:	(optional) sys after filing.) Pursua nts. this date will no	ant to 605.020 of be listed a:
e record spec The 90th da	cifies a delayed effect y after the record is	ctive date, but filed.	not an effec	tive time, at 17	2:01 a.m. on th	e earlier o
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Filing Fee: \$25.00