# 18000/88084

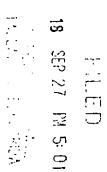
| (F                     | Requestor's Name)   | <del></del>  |
|------------------------|---------------------|--------------|
|                        | Address)            |              |
| A)                     | Address)            | <del></del>  |
| (C                     | City/State/Zip/Phon | ne #)        |
| PICK-UP                | WAIT                | MAIL         |
| (E                     | Business Entity Na  | me)          |
| (E                     | Document Number     | )            |
| Certified Copies       | Certificate         | es of Status |
| Special Instructions t | to Filing Officer:  |              |
|                        |                     |              |
|                        |                     |              |
|                        |                     |              |
|                        | _                   | es of Status |

Office Use Only



300318669053

09/27/18--01005--019 \*\*25.00



## **COVER LETTER**

| TO: Registration Section Division of Corporation |   |   |   |
|--|---|---|---|
| SUBJECT: Five -                                  | STAR Quality                                    | STONE LLC ted Liability Company                                     |   |
| The enclosed Articles of Am                      | nendment and fee(s) are subm                    | nitted for filing.  |   |
| Please return all corresponde                    | ence concerning this matter t                   | to the following:   |   |
|  | Leshchik  | Yclena_   |   |
|  |   |   |   |
|  | MGR   | Firm/Company  |   |
|  |   |   |   |
|  | 1449 au   | Address  Fl. 33755  City/State and Zip Code                         |   |
|  | r .   | Address   |   |
|  | Clearwater                                      | FL 33755  |   |
|  |   | City/State and Zip Code   |   |
|  | E-mail address: (t                              | to be used for future annual report noti                            | fication)   |
| For further information con-                     | cerning this matter, please ca                  | all:  |   |
|  |   | at ( )  |   |
| Name of P  | erson   | at () Area Code Daytim  | e Telephone Number  |
|  |   |   |   |
| Enclosed is a check for the                      | following amount:                               |   |   |
| \$25.00 Filing Fee                               | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|  |   |   |   |

### 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

| five - Star Qual   | ity Stone LLC  |                                 |
|--|--|---------------------------------|
| ( <u>Name of the Limited Liab</u><br>(A Flori  | ility Company as it now appears on our record Limited Liability Company) | rds.)                           |
| The Articles of Organization for this Limited Liability Florida document number 180001880              | Company were filed on 8/6  | and assigned                    |
| This amendment is submitted to amend the following:  |  | <b>5</b>                        |
| A. If amending name, enter the new name of the lin   | mited liability company here:  | 5.11.LE<br>SEP 2.7              |
| The new name must be distinguishable and contain the words "Li   | imited Liability Company," the designation "LL                           | C" or the abbreviation "IZL.C." |
| Enter new principal offices address, if applicable:  |  | ٠ <u>٠</u> ن                    |
| (Principal office address MUST BE A STREET ADL   | ORESS)   | <u> </u>                        |
|  |  |                                 |
| Enter new mailing address, if applicable:  |  |                                 |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                                 |
|  |  |                                 |
| B. If amending the registered agent and/or reg<br>registered agent and/or the new registered office ad |  | ds, enter the name of the new   |
| Name of New Registered Agent:  |  | <u>-</u>                        |
| New Registered Office Address:   |  |                                 |
|  | Enter Florida street addre   | ess                             |
|  |  | lorida                          |
|  | 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> | Name           | Address                                | Type of Action |
|--------------|----------------|--|----------------|
| MGR          | revel Leshchik | 1449 Overlea St                        | <b>₽</b> Add   |
|              |                | 1449 Overlea St<br>Cleanwater FL, 3375 | S Remove       |
|              |                |  | Change         |
|              | <del></del>    |  |                |
|              |                |  | Remove         |
|              |                | <del></del>                            | □ Change       |
|              |                |  | O.Add          |
|              |                |  | Remove         |
|              |                |  |                |
|              |                |  | □ Add          |
|              |                |  | □ Remove       |
|              |                |  | Change         |
|              |                |  | Add            |
|              |                | <u> </u>                               | □ Remove       |
|              |                |  | Change         |
|              |                |  |                |
|              |                | <u></u>                                | ☐ Remove       |

| हे. If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|-----------|--|
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| -         |  |
| Note:     | ive date, if other than the date of filing:  |
|           | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated     | 09/24/18   |
|           | Signature of a member or duthorized representative of a member   |

Page 3 of 3

Filing Fee: \$25.00