L18000206728

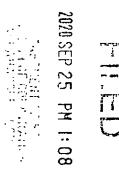
(Requestor's Name)
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OCT 31 2020 S. YOU'NG

COVER LETTER

Tallahassee, FL 32314

TO:

TO: Registration So Division of Cor					
STONCEP	T LLC				
SUBJECT:	Name of Lim	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	YORVIS JESUS PINA				
		Name of Person			
	STONCEPT LLC				
		Firm/Company	<u> </u>		
	4949 MARBRISA DR AP	T 911			
		Address			
	TAMPA FLORIDA 33624				
	PINAYORVIS22@GMAIL	City/State and Zip Code			
	-	to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please ca	all:			
YORVIS JESUS PINA		432 7415268			
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	ction		
Division of C P.O. Box 632		Division of Cor The Centre of T	porations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STONCEPT LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records. Liab(lity Company)	SEP 11
The Articles of Organization for this Limited I Florida document number $\frac{L18000206728}{L18000206728}$	Liability Company	were filed on 08/28/2018	and assigned
This amendment is submitted to amend the fol	lowing:		1:08
A. If amending name, enter the new name of	of the limited liab	ility company here:	÷ °
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	4949 MARBRISA DR APT 911	
(Principal office address MUST BE A STREET ADDRE		TAMPA FLORIDA 33624	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>: BOX)</u>	4949 MARBRISA DR APT 911 TAMPA FLORIDA 33624	
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:	YORVIS JESU	S PINA	
New Registered Office Address:	4949 MARBRI	SA DR APT 911	
regime of the running.		Enter Florida street address	
	ТАМРА	, Flor	rida 33624
		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>	<u>Address</u>	Type of Action
AMBR	CORONEL , FELIX A	12424 EMERALD CREEK CT	🗆 🗅 Add
		PLANTATION, FL 33325	■Remove
			□Change
MGR	YORVIS JESUS PINA	4949 MARBRISA DR APT 911	= Add
		TAMPA FL 33624	□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-,	□Add
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			□Change
			□Add
			□Remove
			□Change

4	
	
	
	
Effective date, if other than the	date of filing: (optional) it be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (
(If an effective date is fisted, the date must Note: If the date inserted in this blo document's effective date on the Do	ock does not meet the applicable statutory filing requirements, this date will not be listed as the
he record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Septiembre 18	2020
	Signature of a member or authorized representative of a member
	Crvis Fina Typed or printed name of signee
	VOVO 1 TIMA

Filing Fee: \$25.00