5/13/2019



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(((H19000157050 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES TLC

Account Number : I20160000067

Phone : (407)370-3686

Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAWK STONE & CABINETS LLC

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TO:18506176383 FROM:5615375904

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COVER LETTER

TO: Registration Sec Division of Corp	tion porations		
	ONE & CABINETS LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nited for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	CAROLINE LARSON		
		Name of Person	
	LARSON ACCOUNTING	GROUP	
	7901 KINGSPOINTE PKV	VY, STE 17	<u>.</u>
		Address	
	ORLANDO FL 32819		
		City/State and Zip Code	
	consulting@larsonacc.com		
	E-mail address: (to be used for future annual report notifi	eation)
For further information of	concerning this matter, please co	dl:	
JALBER NUNES		407 334 0668	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

Page: 4 05/13/2019 03:53 PM TO:18506176383 FROM:5615375904 DocuSign Envelope ID: 6F2/23/6-CE9C-4479-8547-CO3CC90A28F6

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAWK STONE & CABINETS LLC (Name of the Limited 1)	Liability Compa	ny as it now appears on our record liability Company)	<u>v.</u>)		
The Articles of Organization for this Limited Liabi Florida document number <u>L19000106665</u>				and assign	ed
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liab	ility company here:			
HAWK STONES & CABINETS LLC					
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designation "LLC	or the abbrey	iation "L. L.C	
Enter new principal offices address, if applicab	le:			~	
(Principal office address MUST BE A STREET ADDRESS)		N/A	<u></u>		
Principal office address Steel 100.1.00 (2000)				77 - 	هرو، ر بدون
The address if amplicable			, ,	>	l
Enter new mailing address, if applicable:	7 . 71	N/A	2	رن	٠
(Mailing address MAY BE A POST OFFICE BC	<u>7.37</u>		: ,		
			-		
B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	registered of the address her	ffice address on our record <u>e</u> :	ls, <u>enter the</u>	name of	the
Name of New Registered Agent.			-		
New Registered Office Address:	N/A	Enter Florida street addre	······································		
		- Cin	lorida	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

MGR = AMBR = .	Manager Authorized Member		
<u>l'itle</u>	Name	Address	Type of Acti
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If the record (b) The 9	rd specifies a Oth day afte	a delayed effor the record i	ective date, l s filed.	out not an	effective tim	e, at 12:0	1 a.m. o	n the ear	rlie
Dated _	pril 29th			9					
					representative of				

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