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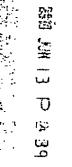
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

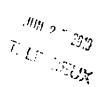
Office Use Only



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COVER LETTER

porations			
	ited Liability Company		
Amendment and fee(s) are sub	mitted for filing.		
ondence concerning this matter	to the following:		
YEN	DI FAUSTINO CRUZ FUENTES		
	Name of Person		
	R.C.A STONE LLC		
Firm-Company			
	4666 NEW YORK		
	Address		
	FORT MYERS FL, 33905		
	City/State and Zip Code		
E-mail address: (to be used for future annual report notifi	cation)	
concerning this matter, please c	all:		
TES	239 888 5423		
f Person		Telephone Number	
he following amount:			
■ \$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 tadditional copy is enclosed)	
	E-mail address: (concerning this matter) E-mail address: (concerning this matter, please concerning this matter, please concerning this matter) Figure 1. The second sec	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Ondence concerning this matter to the following: YENDI FAUSTINO CRUZ FUENTES Name of Person R.C.A STONE LLC Firm-Company 4666 NEW YORK Address FORT MYERS FL, 33905 City/State and Zip Code E-mail address: (to be used for future annual report notificencerning this matter, please call: ITES at (

MAILING ADDRESS:

TO:

Registration Section

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

	R.C.A. STONE LLC		-
(Name of the Lir	nited Liability Company as it now apport (A Florida Limited Liability Company	ears on our records.)	
		CHARLES IN COLOR	ned
The Articles of Organization for this Limited Florida document number L19000109727	·	this folk set id 5 or do	
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability company	here:	
The new name must be distinguishable and contain the	e words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if app	licable:		
(Principal office address MUST BE A STRI	EET ADDRESS)		
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	E BOX)		
B. If amending the registered agent an registered agent and/or the new registered		on our records, <u>enter the name of</u>	the new
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Villee Address.	Enter F	lorida street address	
	. Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing	g Registered Agent:		
I hereby accept the appointment as registe provisions of all statutes relative to the pro- accept the obligations of my position as re- being filed to merely reflect a change in the company has been notified in writing of the	oper and complete performance or gistered agent as provided for in the registered office address, I her	of my duties, and I am familiar with on the Chapter 605, F.S. Or, if this docum	and ent is

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	JOSE GUILLEN	4666 NEW YORK AVE	
		FORT MYERS FL. 33905	■ Add
			□ Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			☐ Remove
			☐ Change
		☐ Remove	
			□ Change
			□ Remove
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			Change
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on effective ote: 11 the	te, if other than the date of filing:	605,020 isted ;
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eaday after the record is filed.	rlier
nted MAY	28th	
_	· · · · · · · ·	
_	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00