

Office Use Only



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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
eun irze.	Florida Hor	ne Sentinel, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Heather Marhanka				
			Name of Person			
		Florida Home Sentinel, LL	.c			
Firm/Company						
2230 SW 32nd St						
			Address			
		Cape Coral, FL 33914				
			City/State and Zip Code			
		heathermarhanka@gmail.co				
tion from bounds	- F		to be used for future annual report no	tification)		
ror iumner n	mormation c	oncerning this matter, please ca	#II;			
Heather Mar	hanka		239 405-5588 at ()			
	Name o	f Person	at () Area Code Dayti	me Telephone Number		
Enclosed is a	a check for th	ne following amount:				
\$ 25.00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Addres		Street Address:			
Registration Section Division of Corporations			_	Registration Section Division of Corporations		
	vision of C). Box 632		The Centre of			
	llahassee, I			oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company so it now appear (A Florida Limited Liability Company)	s on our records.
The Articles of Organization for this Limited Liability Company were filed on 06	and assigned
Florida document number L19000159985	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
Florida Stone Care, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address; if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	20
Enter new mailing address, if applicable:	<u>ω</u>
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · ·
Arming manager retrieves	<u> </u>
-	<u> </u>
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address: Euter Fl	orida strvet address
	. Florida
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
			DAdd
			□ □ Remove
			Change
		·	(DAdd
			□Remove
			☐ Change
			CRemove
			☐ Change
			DAdd
		•	□Remove
			☐ Change
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ffective date, if other than the of an effective date is listed, the date must ofte: If the date inserted in this bloomment's effective date on the De	ck does not meet the	e applicable stati	filing or more than 90 story filing requires	(optional) days after filing.) Purst ments, this date will n	iani to 605.0207 of be listed as
record specifies a delayed effective Lis filed.	date, but not an eff	ective time, at 12	t:01 a.m. on the ea	lier of: (b) The 90भे	i day after the
ated	202				
b	eather	Mar.	hanka		
	Signature of a member				

Filing Fee: \$25.00