L19000191162

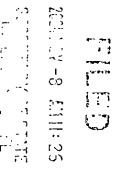
(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	IE HOLDINGS LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The englaced Articles of	Amendment and fee(s) are sub	amitted for filing	
	ondence concerning this matter	_	
	Richard Schulze		
		Name of Person	
	OLDSTONE HOLDINGS	SLLC	
		Firm/Company	
	1234 NE 18th Ave		
		Address	
	Fort Lauderdale, FL 3330	4	
		City/State and Zip Code	
	oldstone@optonline.net		
	E-mail address: ((to be used for future annual report notification)	
For further information of	oncerning this matter, please c	call:	
Richard Schulze		516 445-3800 at ()) <u>ne</u> #170
Name o	f Person	Area Code Daytime Telephone Number	; 5
			2
Enclosed is a check for the	he following amount:		· · · · =
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
Mailing Addres		<u>Street Address:</u>	
Registration S Division of C		Registration Section Division of Corporations	
DIVISION OF C	orpotations	Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLDSTONE HOLDINGS LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 08/05/2019	and assigned
Florida document number L19000191162		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		12 12
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	13
) () () () () () () () () () () () () ()
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		, 1-1 OJ
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flor	
	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
MGR Maria Titone	Maria Titone	1234 NE 18th Ave	
		FORT LAUDERDALE, FL 33304	■Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Remove
			[Change
			□Add
			□ Remove
			□ Change
		 	
			Remove
	<u> </u>	□Change	
		□Add	
		□Remove	
			□ Change

11 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	OCTOBER 21, 2024.
	Liche Sokus Signature of a member or authorized representative of a member
	Richard Schulze Typed or printed name of signee

. . . .

Filing Fee: \$25.00