L19000245790

(Requestor's Name)	_
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PICK-UP WAIT MARL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
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COVER LETTER

TO: Registration Section . Division of Corporations .
SUBJECT: STONE WALL HOME DEVELOPMENT LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SEAN WALLACE Name of Person
HOME STONE WALL HOME DEVELOPMENT LLC
2250 SW PORTSMOUTH LA
PORT ST. LWIE FL 3495.3 City/State and Zip Code
L_TON WALLACE @ AOL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SEAT WALLACE at (347) 535-2589 Name of Person Area Code Daytime Telephone Number 5
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on $_{0}9130/2019$ Florida document number L 19000245790 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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	SEAN WALLACE	2250 SW PORTSMOUTH LN PORT ST. LINCTE FL 34953	_ DB Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
		-	_□ Remove
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	's effective date on the Department of State's records.
.0.00	d enceifice a delayed offective date, but not as effective time, at 13:01 a.m., as the sault
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Ith day after the record is filed.
.d	OCTOBER 1 2019
	Signature of a member or authorized representative of a member
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Filing Fee: \$25.00