## 19000269872

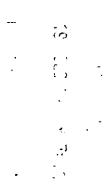
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JAN 1 5 2020 S. YOUNG



## **COVER LETTER**

Registration Section
Division of Corporations

O:

Civilized S UBJECT: _	Stoner LLC		
	Name of Lim	ited Liability Company	
he enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
lease return all corresp	ondence concerning this matter	to the following:	
	Mason Rothenberg		
		Name of Person	
	Civilized Stoner LLC		
		Finn/Company	
	656 N Orange Ave Apt 14	25	
		Address	
	Orlando, FL 32801		
		City/State and Zip Code	A1 A
	mason@primelineproducts.		
	E-mail address: (	to be used for future annual report no	tification)
for further information	concerning this matter, please c	all:	
Mason Rothenberg		386 490-5136 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Inclosed is a check for	the following amount:		
₩ \$25.00 Filing Fee	[] \$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 (additional copy is enclosed)
	Section Corporations	Street Address: Registration So Division of Co	orporations
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monro Tallahassee, F	oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Civilized Stoner LLC

(A Florida Lim	ompany as it now appears on our records.) uted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on October 28, 2019	and assigned
Florida document number L19000269872		
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	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
		<del>-</del> .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	4
		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	nce address on our records, enter the i	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:	·
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, and I a t as provided for in Chapter 605, F.S.	om familiar with and Or, if this document is
īſ	Changing Registered Agent, Signature of New	Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

## 1GR = Manager MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
MBR	Nathan Norris	901 Chickadee Dr	<b>≡</b> Add
		Port Orange FL 32127	□Remove
			[i Change
<del></del>	<del></del> .		□Add
			ПКетюче
			□Change
<del></del>	·	<del></del>	□Add
			□Remove
			Change
			□Rcmove
		-	□Change
<del></del>			□Add
			□Remove
			ClChange
<del></del>	<del></del>	<del></del>	□Add
			□Remove
		-	□Change

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ctive date, if other than the confective date is listed, the date must in the date inserted in this blooment's effective date on the Department.	be specific and cannot be ck does not meet the a	applicable statutory	or more than 90 days a	ptional) after filing.) Pursuant to 6 this date will not be li	05.02 sted
ord specifies a delayed effective filed.	date, but not an effect	tive time, at 12:01 :	a.m. on the earlier of	f: (b) The 90th day af	ter ti
December	2019				
December 6					
Molle	ignature of a member of	<del></del> •			

Filing Fee: \$25.00