

L20 000 112620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

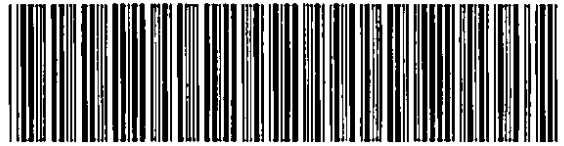
(Business Entity Name)

(Document Number)

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OCT 02 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAWUA STONE 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:

MIGUEL SILVA
Name of Person

Kawua Stone LLC
Firm/Company

5085 Warrior Ln.
Address

Kissimmee, FL 34746
City/State and Zip Code

Kawuastone@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel Silva at (786) 571-0103
Name of Person Area Code Daytime Telephone Number

Enclosed 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KAWUA STONE LLC 2020 AL 3 17 AM 10:40

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/27/20 and assigned
Florida document number L20000112620

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5085 Warrior Ln
Kissimmee, FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5085 Warrior Ln
Kissimmee, FL 34746

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:

5085 Warrior Ln
Enter Florida street address
Kissimmee, Florida 34746
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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

2023 APR 17 AM 10:40

Case	Initial	Final	Change
1	100	100	<input type="checkbox"/> Add
2	100	100	<input type="checkbox"/> Remove
3	100	100	<input type="checkbox"/> Change
4	100	100	<input type="checkbox"/> Add
5	100	100	<input type="checkbox"/> Remove
6	100	100	<input type="checkbox"/> Change
7	100	100	<input type="checkbox"/> Add
8	100	100	<input type="checkbox"/> Remove
9	100	100	<input type="checkbox"/> Change
10	100	100	<input type="checkbox"/> Add
11	100	100	<input type="checkbox"/> Remove
12	100	100	<input type="checkbox"/> Change
13	100	100	<input type="checkbox"/> Add
14	100	100	<input type="checkbox"/> Remove
15	100	100	<input type="checkbox"/> Change

SALES 17 10:10

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 10, 2020.

Signature of a member

Signature of a member or authorized representative of a member

Miguel Silva

Typed or printed name of signee

Filing Fee: \$25.00