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(Requestor's Name)	
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S. YOUNG



COVER, LETTER

HC Stone,	L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	
"he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	LUIS CAIMARES		
		Name of Person	
		Firm/Company	
	3701 NW 100TH AVENU		
	CORAL SPRINGS, FL, 33	Address 3065	
		City/State and Zip Code	
	AMAURYS_C@HOTMAI	L.COM to be used for future annual report noti-	fication)
For further information o	concerning this matter, please c	•	
LUIS CAIMARES		954 330-1987 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
書 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional 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

HC STONE, L.L.C.			
(Name of the Lim	(A Florida Limited	iny as It non appears Liability Company)	on our records.)
The Articles of Organization for this Limited I	iability Company	were filed on JUL	Y 06, 2020 and assigned
Florida document number L20000189166			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>e</u> :
K CREATIONS, LLC			
The new name must be distinguishable and contain the	words "Limited Liahi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3701 NW 100TH AVENUE	
		CORAL SPRINGS, FL, 33065	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3701 NW 100TH AVENUE	
		CORAL SPRINGS, FL, 33065	
			
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our rec	ords, enter the name of the new registe
Name of New Registered Agent:	LUIS A. CAIMARES		
New Registered Office Address:	3701 NW 100T		
	Enter Florida street address		
	CORAL SPRIN	NGS	, Florida <u>33065</u>
		City	Zıp 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

FILE 1

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	HERNANDEZ, MARCELINO D.	3701 NW 100TH AVENUE	
		CORAL SPRINGS, FL, 33065	≣Rстоvе
			□Change
MGR	TAVAREZ, KARINA E.	3701 NW 100TH AVENUE	
		CORAL SPRINGS, FL, 33065	□ Remove
MGR	CAIMARES, LUIS A.	3701 NW 100TH AVENUE	
		CORAL SPRINGS, FL, 33065	
			□Change
			□Remove
			☐ Chunge
			□Remove
			☐ Change
			🖸 Add
			□Remove
			□Change

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Lffec	tive date, if other than the date of filing:
If an e	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Note:	
Note:	ment's effective date on the Department of State's records.
Note:	ment's effective date on the Department of State's records,
Note: docur	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
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Filing Fee: \$25.00