

L21 000278824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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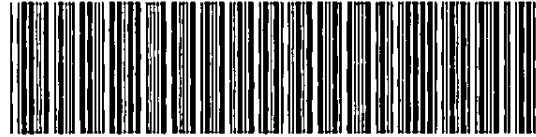
(Business Entity Name)

(Document Number)

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2021 JUL 12 AM 10:59  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FLAWLESS 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:

CESAR NIEVES

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2242 KENT ROAD

\_\_\_\_\_  
Address

DELTONA, FL 32738

\_\_\_\_\_  
City/State and Zip Code

CESARN1988@ICLOUD.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CESAR NIEVES

386

334-1653

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

FLAWLESS STONE LLC

(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 6/15/2021 and assigned  
Florida document number L21000278824.

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)**

**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:

JACQUELINE R VILLEGAS

New Registered Office Address:

16925 ELDERBERRY DR

Enter Florida street address

MONTEVERDE

City

Florida

34756

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JACQUELINE R VILLEGAS	16925 ELDERBERRY DRIVE	<input type="checkbox"/> Add
		MONTEVERDE, FL 34756	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CESAR NIEVES	2242 KENT ROAD	<input checked="" type="checkbox"/> Add
		DELTONA, FL 32738	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DORIAN ZELAYA	1542 KELVIN AVE	<input checked="" type="checkbox"/> Add
		DELTONA, FL 32738	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

EIN NUMBER: 87-1238461

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated JUNE 28 2021

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

CESAR NIEVES

Typed or printed name of signee