Division of Corporations Electronic Filing Cover Sheet

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(((H21000436345 3)))



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To:

Division of Corporations

Fax Number : (859)617-6383

From:

Account Name : GOOD DAY TAX Account Number : I20210000158 Phone : (407)301-1108 Fax Number : (407)730-6216

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: KARLAHOLICKE GLAIC. EX

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POWER STONE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration 5 Division of Co			
POWER SUBJECT:	STONE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
rm			
	f Amendment and fee(s) are sub	•	
Please return all corresp	ondence concerning this matter	to the following:	
	KARLA A. HOLICK		
		Name of Person	
	POWER STONE LLC		
		Firm/Company	
	3171 FOREST BEND RD	308	
		Address	
	KISSIMMEE, FL 34746		
		City/State and Zip Code	
	karlaholick@gmail.com		
For further information	e-mail address: (concerning this matter, please c	to be used for future annual report notification)	
	concerning this matter, please c		
KARLA A. HOLICK		407 989-8284 at ()	
Name (of Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & py
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	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

POWER STONE LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000470970	were filed on 10/29/2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Inter new principal offices address, if applicable:	2411 W. SAND LAKE RD. STE 2411-D	
Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FI. 32809	
inter new mailing address, if applicable:	10949 MOSS PARK RD. UNIT 344	
Mailing address MAY BE A POST OFFICE BOX	ORLANDO, FL 32832	
b. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nam	e of the new regist
New Registered Office Address:) V 3
	Enter Florida street address Florida	D PH
	City	Sp ch
ew Registered Agent's Signature, if changing Registered Agent-		5₩ £

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.

Nov 30 21, 02:54p GOOD DAY TAX

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p.4

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>	Name	Address	Type of Action
			☐Add
		-	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			☐ Change
			□Add
			□Remove
			CiChange

			
ffective date, if other than the m effective date is listed, the date must lote: If the date inserted in this bloocuntent's effective date on the De	date of filing: the specific and cannot be prior to the does not meet the applicate partment of State's records.	o date of filing or more than 90 days a ble statutory filing requirements,	ptional) offer filing.) Pursuant to 605.0207 this date will not be listed as
			¶\$∏S ≥
	date, but not an effective tim	ic, at 12:01 a.m. on the earlier of:	
record specifies a delayed effective is filed.	, and an entotive lift		are 5
NOVEMBER 20	2021		the south day after the FILE
_Kark +1.		-·	FILED IDV 30 PM 12: 1 E. PART OF STAT HASSEE, FLORE

Filing Fee: \$25.00