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COVER LETTER

-	gistration Section Sission of Corpor			· · · · · · · · ·	,
SUBJECT:	CORNE	RSTONE CHONDI	ROS LLC		
		Name of Lim	ited Liability Company		
		endment and fee(s) are sub	•		
		Anthony J. M	lautorico		
		ر	Name of Person		
			Firm/Company		
		10902 May	Apple Court		
		•	Address		
		Land O Lake	s FL 3463 City/State and Zip Code	8	
	_		6 tampabay. Tr.		
For further i	nformation conc	erning this matter, please ca		эоп пошисанов)	
Ant	Lony May	llarico	at (813) 89	92-549	S Number
	ryanic or rei	жи	Arca Code	глауине тетерно	ne rumoer
Enclosed is	a check for the fo	llowing amount:			
□ \$25.00	Filing Fee (\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	/	\$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

COPHERSTONE CHO			
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on Limited Liability Company)	<u>our records.</u>)	
The Articles of Organization for this Limited Liability C Florida document number	ompany were filed on		ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	LLC ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C.	···
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	SECRETARY OF SECRETARY OF SATE TAIL A HAS SEE THE name of the hew reads, enter the name of the hew reads.	Ti Zistered
Name of New Registered Agent:			<u>_</u>
New Registered Office Address:	Name of New Registered Agent:		
		, Florida	
	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

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□ Change
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an effect	date, if other than the date of filing:	5.0207 ed as 1
	's effective date on the Department of State's records.	
is filed	exercifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ited	November 8 , 2022.	
	10/10/	
	Signature of a reacher or authorized commonstation of a mamban	
	Anthony Maulorico Typed or printed name of signee	