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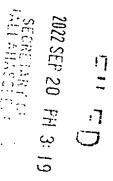
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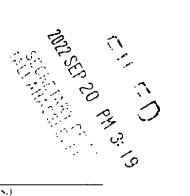
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COVER LETTER

TO:	Registration Section Division of Corpora	
SUBJI		VE\$ STUDIES LLC
20001	X. I	Name of Limited Liability Company
The en	closed Articles of Amer	ndment and fee(s) are submitted for filing.
Please	return all corresponden	ce concerning this matter to the following:
	7	Adam C. Losey
	_	Name of Person
	1.	losey PLLC
	_	Firm/Company
	1	420 Edgewater Drive
	_	Address
	(Orlando, FL 32804
	— Fi	City State and Zip Code rm@Losey.Law
		E-mail address. (to be used for future annual report notification)
For fur	ther information concer	ming this matter, please call:
Adam	C. Losey	407 906-1605 at ()
	Name of Person	
Enclose	ed is a check for the fol	low ng amount:
■ \$2	5.00 Filing Fee □	\$30,00 Filing Fee & S55,00 Filing Fee & S60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certificate Opy (additional copy is enclosed)
	Mailing Address: Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3.	orations Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



STONE RESERVES STUDIES LLC

	vanie vi the ramige	A Florida Limited I	Jability Company)	<u></u>)
The Articles of Organization fo	r this Limited Li	ability Company	were filed on <u>06/27/2022</u>	and assigned
Florida document number 1.22	000290383	<u> </u>		
This amendment is submitted t		wing:		
A. If amending name, enter t		the limited liab	lity company here:	
The new name must be distinguishab		ords "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
			· · · · · · · · · · · · · · · · · · ·	
Enter new principal offices ac				
(Principal office address MUS	T BE A STREE	T ADDRESS)		
				
Enter new mailing address, if	applicable:			
(Mailing address MAY BE A I	<u>POST OFFICE I</u>	<u>30X)</u>		
B. If amending the registered agent and/or the new register	• •	•	ddress on our records, <u>enter</u>	the name of the new registere
Name of New Registe	red Agent:	Losey PLLC		
New Registered Offic	e Address:	1420 Edgewate	r Drive	
New Neglinered Ville	<u>z rydaress</u> .		Enter Florida street addres	
		Orlando	Fle	orida 32804 Zip Code
			Cuy	Zip Code
New Registered Agent's Signatu	re, if changing R	egistered Agent:		
I hereby accept the appointme provisions of all statutes rela- accept the obligations of my p being filed to merely reflect a company has been notified in	ive to the prope osition as regis change in the r	r and complete tered agent as p egistered office	performance of my duties, ar provided for in Chapter 605, address, I hereby confirm the	nd I am familiar with and F.S. Or, if this document is
		15.02	/h/(Complement to the control of the con
		II Chan	ging Registered Agent, <u>Signature o</u>	1 New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
				🗆 Add
				□Remove
				🗆 Change
				□Add
				□Remove
				□Change
				🗀 Add
				[]Remove
				□Change
				ClAdd
				□Remove
		,		□Change
			□Add	
				□Remove
				□Change
				□Add
				□Remove
				□Change

amenum	ig any omer und	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
	····	
an effective ote: If the ocument's	date is listed, the da e date inserted in t effective date on	the date of filing:
is filed.	7	
ited	Sep 16, 2022	· ·
_		Signature of a member or authorized representative of a member
		Oberio Adillo
		Chris Miller

Filing Fee: \$25.00