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Division of Corporations

## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (954)345-7888 : (786)713-1940 Fax Number

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

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STONE MARKET USA LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S1	ONE MARKET USA LLC			
(Name of the Limited Li (A Fl	ibility Company as it now appears orida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability	ry Company were filed on	09/13/2022	and assigned	
Florida document numberL22000400669	<del></del> .			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :		
The new name must be distinguishable and contain the words:	Limited Liability Company," the de-	signation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicables				
(Principal office address MUST BE A STREET AL	ODRESS)			
			2822	
			2022 OCT	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		<u> </u>	
			99 <u>-</u> 1	
B. If amending the registered agent and/or regist agent and/or the new registered office address her		cords, <u>enter the nam</u>	<u>e of the new reध</u> ्रिस्टिटिट	
Name of New Registered Agent:	ACCOUNTANT & MANAGEMENT, INC			
New Registered Office Address:	1549 NE 123RD ST			
New Neglistered (Affice Address).	Enter Florida street address			
	NORTH MIAMI	, Florida	33161	
	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.

MOSCS NAC

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	Name	Address	Type of Action
MGR_	ERHAN CEYLAN	1717 N.BAYSHORE DR APT #245	□Add
		MIAMI, FL 33122	Remove
			Change
			Remove
			Change
			Change 2822 OCT 12
		Remove PK	
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			ÜAdd
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		🗀 Remove	
			□Change
			□Add
			f* I C'housen

Typed or printed name of signee