123000100493

(Reques	tor's Name)	
	 	
(Address	s)	
	 	
(Address	;)	
(Ĉity/Sta	te/Zip/Phone #)	·
(=)	··· _ · · · · · · · · · · · · · · · ·	
PICK-UP] WAIT	MAIL
(Busines	s Entity Name)	
(Docume	int Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	

Office Use Only



800420160998

12/11/23--01033--012 **25.00

COVER LETTER

TO: Registration Sec Division of Corp			
BC STONE			
SUBJECT:	Name of Limi	ited Liability Company	 -
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	OCTAVIO CARDOSO		
		Name of Person	
	NOTLYA HOLDINGS CO	ORPORATION	
		Firm/Company	
	8606 VIA GIARDINO		
		Address	
	BOCA RATON, FL 33433	3	
		City/State and Zip Code	
	cardoso@westchesterintl.co	om to be used for future annual report notif	tention)
			(Catton)
For further information co	oncerning this matter, please c	all:	
OCTAVIO CARDOSO		561 488-8048	
Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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)
		(additional copy) is enclosed)	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section

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

	BC STONE LLC	
(Name of the Limited Liabilit (A Florida	(y Company as if now appears on our records.) Limited Limbility Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 02/24/2023	and assigned
Florida document number 1.23000100493	··	
his 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	ited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		<u> </u>
		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
The integration of the House	Enter Florida street address	
	, Flor	ida
	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

<u>Title</u>	Name	Address	Type of Action
MGR	LENTINI, BRUNO N	155 OCEAN LANE DR., APT 411	□Add
		KEY BISCAYNE, FL 33149	≣Remove
			DChange
			□Add
			□Remove
			DChange
			🗆 Add
			ORemove
			Change
			□Add
			DRemove
			□Change
		·	DAdd
			□Remove
			☐ Change
			[]Add
			□Remove
			□Change

						s, if necessary.)	
			<u></u>				
					<u> </u>		
		<u></u>					
		_			<u>.</u>		
-							
				<u> </u>			<u></u>
<u></u>	 -	<u> </u>		_			
							
				· · ·			 -
		<u> </u>		<u>_</u>			
			- <u></u> .				
				_ 			
tara Kitha d	foto incerted to	n inis binck does	filing: fice and cannot be price anot meet the appli- nt of State's record	Carne Stateson	g or more than 90 filling requiren	(optional) days after filing) I dents, this date w	Pursuant to 605.0207 (ill not be listed as t
record specit I is filed.	fies a d el ayed	effective date, b	ut not an effective	time, at 12:01	a.m. on the ear	ier of: (b) The	90th day after the
Novem	nber 9th		. 2023		6	WX In	A
	// 27th	II s					
_	<u> </u>	MA Signature	e of a member or au	horized represe	native of a memb	er Gr	- / / /

Filing Fee: \$25.00