Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TOG3 LLC

Account Number : I20230000180 Phone : (321)316-3005

: (321)395-1551 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NATIONAL STONE DESIGN FL, LLC

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DEC - 1 2023

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	L STONE DESIGN FL, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fec(s) are sub indence concerning this matter	-	
	JULIA DA COSTA		
	Name of Person TAX ONE CONSULTING SERVICES, LLC		
		Firm/Company	
	707 W OAKLAND AVE	SUITE 3217	
		Address	
	OAKLAND, FL. 34787		
		City/State and Zip Code	
	SERVICES@TAXONECO		
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	
JULIA DA COSTA		321 316-3002	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
置 \$25.00 Filing Fee		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIONAL STONE DESIGN FL, LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______05/03/2023 and assigned Florida document number ______L23000220287 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

____, Florida ___

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
AMBR ROGER	ROGERIO M FERNANDES	700 MCCUE ROAD	
		LAKELAND, FL 33815	7.
			☐ Change
	***		□Add
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(If an effecti Note: If t	date, if other than the date of filing:
the record sport is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/05/2023
	LEGIMAT REALITED TO
	Signature of a member or authorized representative of a member

•

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