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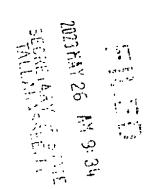
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<sup>\*</sup> 05/26/23--01015 006 \*\*25.00



## **COVER LETTER**

TO:

Registration Section Division of Corporations

	NE STONES LLC					
SUBJECT:	Name of Lim	nited Liability Com	pany			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Gabriela DeCastro Font	ana Muriel				
		Name of Po	rson			_
	Finish Line Stones LLC					
	-	Firm/Comp	nany			- -
	22565 Esplanada Dr					DESKAY 26
		Address	`			- 12 %
	Boca Raton, FL 33433					
		City/State and 7	ip Code			- ; '.
	gabyfontana88@gmail.co					
	E-mail address: (	to be used for futu	re annual r	eport notifi	eation)	
For further information c	concerning this matter, please c	all:				
Gabriela DeCastro Foi	ntana Muriel	954 at (		-9139		
Name o	f Person	at ( Area C	ode	Daytime	Telephone Number	er
Enclosed is a check for t	he following amount:					
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fil Certified radditional o	Copy		Certifie	ate of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	! !	Divisior The Cen 2415 N.	tion Sec 1 of Corp 1 tre of Ta	orations allahassee Street, Suite	810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINISH LINE STONES LLC		<u> </u>	
(Name of the Limit	ed Liability Company as it now app (A Florida Limited Liability Compan	y)	
The Articles of Organization for this Limited L Florida document number L23000221473	iability Company were filed on	04/05/2023 and assigned	
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company	· here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," th	he designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applic	eable:		_
(Principal office address MUST BE A STREI	ET ADDRESS)	202	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		26 FF	
(3) uning uniness 31201 (3), 31 1 (3), 31 1 1 (2)			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on ou ess_here:	ir records, <u>enter the name of the new regis</u>	itere
Name of New Registered Agent:	Gabriela DeCastro Fontana	Muriel	
New Registered Office Address:	22565 Esplanada Dr		_
	Enter	Florida street address	
	Boca Raton	, Florida 33433	—
	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.

f 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>	<u>Name</u>	Address	Type of Action
MGR	Danielle Fontana Dooley	22565 Esplanada Drive	_XiAdd
	Dooley	22565 Esplanada Drive Boca Raton, FL 33433	_ □Remove
			_ []Change
		·	_ □Add
			_ □Remove
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ective date, if oth	er than the date	of filing:			_ (optional)	
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rument's effective c	late on the Departn	nent of State's re	cords.			
	ayed effective date.	, but not an effec	tive time, at 12:0	I a.m. on the earl	ier of: (b) The	: 90th day after the
s filed.						
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Filing Fee: \$25.00