

L23000282238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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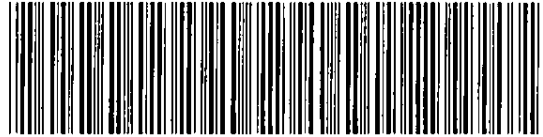
(Business Entity Name)

(Document Number)

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2023 JUL -5 AM 11:27

A. PARISHANI

AUG 12 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kathleen Stone LLC
Name of Limited Liability Company

2023 JUL -5 AM 11:27

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen E Stone, Trustee
Name of Person

Kathleen Stone LLC
Firm/Company

828 Butch Cassidy Ln
Address

Gustis FL 32726
City/State and Zip Code

Kstone7063@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen E Stone at (407) 761-7049
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Kathleen Stone LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 JUL -5 AM 11:27

The Articles of Organization for this Limited Liability Company were filed on June 12, 2023 and assigned
Florida document number L23000282238

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

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kathleen Stone	828 Butch Cassidy Ln	<input type="checkbox"/> Add
		Gustis FL 32726	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Trustees of the	828 Butch Cassidy Ln	<input checked="" type="checkbox"/> Add
	Stone Family	Gustis FL 32726	<input type="checkbox"/> Remove
	Revocable Living		<input type="checkbox"/> Change
	Trust dated		<input type="checkbox"/> Add
	June 28, 2023		<input type="checkbox"/> Remove
	and amendments		<input type="checkbox"/> Change
	thereto		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023 JUL -5 AM 11:27

E. Effective date, if other than the date of filing: June 28, 2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 28 2023

Kathleen E Stone, Trustee
Signature of a member or authorized representative of a member

Kathleen E Stone, Trustee
Typed or printed name of signee