## L23000547671

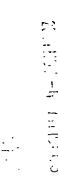
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## **COVER LETTER**

Division of Cor			
S STONE I	RESTORATION, LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FERNANDO SILVA		
		Name of Person	<del></del>
	SKYTRUST ENTERPRIS	SE, LLC	
		Firm/Company	
	123 NW 13TH ST #214-1	0	
		Address	
	BOCA RATON, FL 3343	2	
		City/State and Zip Code	*
	FERNANDO@SKYTRUS	TENTERPRISE.COM to be used for future annual report notific	ation)
For further information co	oncerning this matter, please c	·	
FERNANDO SILVA		561 463-2557 at ()	
Name of	f Person	Area Code Daytime T	clephone Number
Enclosed is a check for th	ne 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		Street Address:	
Registration S		Registration Secti	on

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

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S STONE RESTORATION, LLC	Green and
(Name of the Limit	ted Liability Company as it now appears on our records.) 74 / 15: 155 (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number L23000547671	iability Company were filed on 12/05/2023 and assigned
This amendment is submitted to amend the follo	
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	CT ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
B. If amending the registered agent and/or r agent and/or the new registered office addres	registered office address on our records, <u>enter the name of the new register</u> ss here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Lines Florata Macel anatem
	, Florida
	City Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

a areaste promores must be a

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 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
AMBR	CARLA SOUSA	1809 BELMONT PL	<b>≣</b> Add
		BOYNTON BEACH, FL 33436	□Remove
			□Change
	<del> </del>		□Add
			□Remove
			□Change
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Effective date if other than the de	to of films.		(	
Effective date, if other than the da If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be prior to does not meet the application.			
e record specifies a delayed effective d ord is filed.	ate, but not an effective tir	ne, at 12:01 a.m. on the earl	ier of: (b) The 90th day after	the
Dated OCTOBER 20TH	. 2024			
Stonio Clias S	busa engage of a member or autho	rized representative of a member	<u> </u>	
STENIO ELIAS SOUZA				

Filing Fee: \$25.00