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## **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jose Rafael Hinojosa Garci	2
JRH Stone LLC Firm/Company	
20515 U.S. 331	
Address	
Freebort FL 32439	
City/State and Zip Code  Treeport granite Oir hstone. Com  E-mail address: (16)be used for future annual deport notification)	ŀ
For further information concerning this matter, please call:	
Jose Rafael Winojosa Garcia at 850 419 - 4657  Name of Person J Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

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

JR	LH S	tone LL	С	
(Name of the Limited L (A F	iability Compar lorida Limited L	iy as it now appears on on iability Company)	r records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L</u> <u>24000</u> ]	lity Company	الم	04/202	and assigned
This amendment is submitted to amend the following	ng:			: සු ජ
A. If amending name, enter the new name of the	e limited liabi	lity company here:		<u> </u>
The new name must be distinguishable and contain the words	"Limited Liabili	ity Company," the designati	on "L.L.C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	e:	20515	· US 3	31
(Principal office address MUST BE A STREET A		Freedo	rt. FL	32439
Throphy office maress most be A STREET A	DDRESS/		<del></del>	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BO</u>	<u>x)</u>	20515 Freepo	US 3.	<u>31</u> 32439
B. If amending the registered agent and/or regis agent and/or the new registered office address h		ddress on our records	, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		<u></u>		
New Registered Office Address:		5 5 US Enter Florida stre	331 et address	<u></u>
-	FIRA	1	, Florida	32439 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 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	Edivander da Silvi	a 1150 Airport Rd 153	by Add
		Destin FL 32541	□Remove
	•		Change
AMBR	Jose Rafael Hino	ijo <u>sa Garcia</u>	ite Add
		158 Persimmon St	□Remove
		Freeport FL 3243	□Change
			□Add
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lective date, if other an effective date is listed	r than the date of fili the date must be specific a	ing:and cannot be prior to d	late of filing or more th	(optional)	Pursuant to 605 020
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ocument s'effective di	te on the Department of	i State's records.			
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record specifies a dela is filed.	yed effective date, but n	ot an effective time,	at 12:01 a.m. on th	e earlier of; (b) The	90th day after the
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atedJUN	e 20	2024			
ned		<u>, 2024</u> .	•		
	4	16.0			
	Signature of	a member or authorize	ed representative of a	member	<del></del>

Filing Fee: \$25.00