

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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  
Fax Number : (321)395-1551

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

Email Address: \_\_\_\_\_

RECEIVED

2024 MAY 21 PM 12:28

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STONE LOG LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2024 MAY 21 PM 12:50

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T. LEMIEUX

MAY 22 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STONELOG LLC

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:

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@TAXONEC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIA DA COSTA

941

800-1041

at ( )

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

**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>
AMBR	PAULO DE T S CAMURUGI	2733 SILVER STAR RD, SUITE B	<input type="checkbox"/> Add
		ORLANDO, FL 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EDER LEANDRO N WELSING	2733 SILVER STAR RD, SUITE B	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32808	<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
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**