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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:

MAN CONTRACTOR SE

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

Certificate of Status	0
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T. LEMIEUX

MAY 2 2 2024

## **COVER LETTER**

TO:	Registration Se Division of Cor			•		
eun it	STONE	OG LLC				
SUBJE	C	Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		JULIA DA COSTA				
			Name of Person			
		TAX ONE CONSULTING	S SERVICES, LLC			
			Firm/Company	········		
		707 W OAKLAND AVE	SUITE 3217			
			Address	<del></del>		
		OAKLAND, FL, 34787				
			City/State and Zip Code			
		SERVICES@TAXONEC.C				
For first	her information c	e-man address: ( oncerning this matter, please c	to be used for future annual report notifi	cation)		
		oncerning this matter, prease c				
JULIA	DA COSTA		941 800-1041 at()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for th	ne following amount:				
<b>≅</b> \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration S		Street Address: Registration Sec	tion		

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

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

STONE LOG LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number L24000113971	y were filed on 03/05/2024	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<b>V</b>
		1
Enter new mailing address, if applicable:		2 7
(Mailing address MAY BE A POST OFFICE BOX)		- <del>()</del>
		T N
D. If amonding the universal areas and/ universal off		7 50 G
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enti	er the name of the new registered
		1
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
		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 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	PAULO DE T S CAMURUGI	2733 SILVER STAR RD, SUITE B	□Add
		ORLANDO, FL 32808	
			□ Change
AMBR	EDER LEANDRO N WELSING	2733 SILVER STAR RD, SUITE B	≣Add
		ORLANDO, FL 32808	□Remove
			□Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
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Effecti	ive date, if other than the date of filing: (optional)
Note:	ive date, if other than the date of filing:
e recorerd is fil	d specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Datad	05/20/2024
Dated	Edu
	Signature of a member or authorized representative of a member
	Signature of a themsel of authorized representative of a member

Filing Fee: \$25.00