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COVER LETTER

TO: Registration Se Division of Cor			
Stunning St			
SUBJECT:	Name of Lim	ited Liability Company	
····		to an exp	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	Wanda Vega		
		Name of Person	
	Stunning Stones, LLC		
		Firm/Company	
	2214 Scrub Jay Rd		
		Address	
	Apopka, Fl. 32703		
		City/State and Zip Code	
	Wandamvega@protonmail. E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please c		
Wanda Vega		407 3690-0708	
Name o	f Person	at ()	
Enclosed is a check for the	ne following amount:		
	§ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Company Compan
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee.	Section Corporations 17	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

Stunning Stones, LLC. (Name of the Limit	ited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.)		
	Liability Company were file	ed on 09-25-24 and assigned		
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability con	<u>ipany here</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> </u>			
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		on our records, <u>enter the name of the new registere</u>		
New Registered Office Address:	2214 Scrub Jay Rd			
incw inegistered office Address.	Enter Florida street oddress			
	Apopka	, Florida 32703 Zip Code		
	Cuy	Zip Code		
New Registered Agent's Signature, if changing				
provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete perforn distered agent as provided registered office addres.	t in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and I for in Chapter 605, F.S. Or, if this document is my s, I hereby confirm that the limited liability		
	If Changing Reg	distered Agent, Signature of New Registered Stgent		
		rπ ω		

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>	Name	<u>Address</u>	Type of Action
MGR	Wanda Michelle Vega	2214 Scrub Jay Rd Apopka, FL 32703	= Add
			□Change
			□Add
			□Remove
			□Change
	<u> </u>		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			2002 NOV et J PH 2: 086
			PH 2: C
			OChange

D. If amending any other inform	ation, enter change(s)) here: (Attach ad	ditional sheets, if nec	essary.)	
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E. Effective date, if other than the (If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the I	block does not meet the a	e prior to date of filing applicable statutory	or more than 90 days afte filing requirements, thi	i onal) 1 filing. (Pursuant to 60 is date will not be lis	05.0207 (3)(b) sted as the
If the record specifies a delayed effecti record is filed.	ve date, but not an effec	tive time, at 12:01 a	i.m. on the earlier of: (}	b) The 90th day af	ter the
Dated October 24th	2024	,		(/)	2
20	Janvia	Val.		1000 1000 1000 1000	40% 420Z
Wanda Vega	Signature of a member of	or authorized represent	ative of a member	7>5 5 75 5 75 5 75	<u> </u>
	Trend a	r printed name of sign		<u>ကိုလ</u> မကာ	P :

Filing Fee: \$25.00