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COVER LETTER

TO: Amendment Section Division of Corporations

STONESWOOD EI NAME OF CORPORATION:	LITE INC		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
PATRICIA ALEJANDRA JUDISH			
	(Name of Contact Pe	rson)	
STONESWOOD ELITE INC			
	(Firm/ Company)	
3698 SW STERRICKER ST			
	(Address)		
PORT ST LUCIE, FL 34953			
	(City/ State and Zip C	Code)	
ale.0213@yahoo.com			
E-mail address: (to be use	d for future annual rep	ort notification	1)
For further information concerning this matter, please	e call:		
PATRICIA ALEJANDRA JUDISH	at	760	887-6848
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida I	epartment of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee licate of Status licate of Status licate Copy licate Co
Mailing Address Amendment Section Division of Corporations	Am	eet Address endment Secti	

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

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

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as currently filed with th	e Florida Dept. of State)		
	ment Number of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For	Profit Corporation adopts the following	
A. If amending name, enter the new name of th	e corporation:		
		The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		" or the abbreviation "Corp," or "Inc."	
B. Enter new principal office address, if applica	able:	<u> </u>	
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)		
		•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOV		
(Mulling undress MAT BE A POST OFFICE	<u></u>		
		· · · · · · · · · · · · · · · · · · ·	

D. If amending the registered agent and/or regi	stered office address in Florida,	enter the name of the	
new registered agent and/or the new register	red office address:		
Name of New Registered Agent:	PATRICIA ALEJANDRA JUDI	SH	
	3698 SW STERRICKER ST		
N D : 100		rida street address)	
New Registered Office Address	PORT ST LUCIE	, Florida 34953	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	nt. I am familiar with and accept to		
	Signature of New Resiste	red Avent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John E V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>v</u>	RENATO PIEDRAS	3698 SW STERRICKER ST PORT ST LUCIE, FL 34953
X Remove 2) Change X Add	V	BRANDON JUDISH	3698 SW STERRICKER ST PORT ST LUCIE, FL 34953
Remove 3) Change Add Remove			
4) Change Add			: :n
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			***
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	

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	5/8/2022	
The date of each amendment(s) adopt date this document was signed.	tion: 5/8/2022	, if other than the
Effective date if applicable: 5/8/2022		
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not ment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	

13	5/8/2022
Dated	
Signa	ture
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	PATRICIA ALEJANDRA JUDISH
	(Typed or printed name of person signing)
	PRESIDENT