

L12000144011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

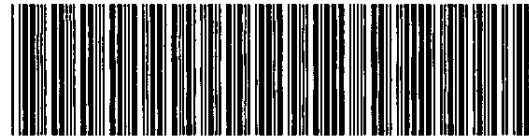
(Business Entity Name)

(Document Number)

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2013 SEP 10 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan SEP 11 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **STORNYA, 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:

LASZLO VARGA

Name of Person

STORNYA, LLC

Firm/Company

2000 N BAYSHORE DRIVE #423

Address

MIAMI, FL 33137

City/State and Zip Code

LVA6000@GMAIL.COM

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

For further information concerning this matter, please call:

LASZLO VARGA

Name of Person

954 540-9422

at ()

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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2013 SEP 10 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STORNYA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 14, 2012 and assigned
Florida document number L12000144011.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2000 N BAYSHORE DRIVE #423

MIAMI, FL 33137

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LASZLO VARGA

New Registered Office Address:

2000 N BAYSHORE DRIVE #423

Enter Florida street address

MIAMI

City

Florida 33137

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 608, 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.

Laszlo Varga
If Changing Registered Agent, **Signature of New Registered Agent**

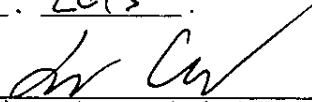
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ISTVAN MOLNAR	1117 NE 1CT HALLANDLE, FL 33009	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	LASZLO VARGA	2000 N BAYSHORE DR #423, MIAMI, FL 33137	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated NOVEMBER 6 . 2013 .



Signature of a member or authorized representative of a member

LASZLO VARGA

Typed or printed name of signee

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Filing Fee: \$25.00

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