L17000118986

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
FALLAHASSEEL FLORE'S

COVER LETTER

10: Registration Section Division of Corporations		
SUBJECT: Tegnifer Name of Limi	Stamey LLC	
Name of Limi	ited Liability Company	
The enclosed Articles of Amendment and fee(s) are subs	mitted for filing.	
Please return all correspondence concerning this matter t	to the following:	
Adom B. S	Stance, Name of Person	
Jennifer.	Staney LLC Firm/Company	
3389 M:d	dle sex DR. Address	<u> </u>
•	11 FL 34607 City/State and Zip Code	
BrentStage E-mail address: (1)	ney@acl. com o be used for future annual report noti	fication)
For further information concerning this matter, please ca	ill:	
Adam B. Stamey Name of Person	at (352) 992. Area Code Daytim	7922 e Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee	□ \$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	Street Address: Registration Sec	rtion

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

SSEE. FI	1022 APR _7 PH 12:	FILED
9.5	25	

Jenniter Stamey 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 onand assigned
Florida document number <u>L17000118986</u> .
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 contain the words "Limited Liability Company," the designation "L.L.C." 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)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address

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.

City

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
			□Remove
			□Change
		·	□Remove
			□Change
			□Add
			□ Remove
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