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## **COVER LETTER**

**Registration Section** 

TO:

Division of Co	rporations		•	•
Lacey Evai	ns LLC	•	•	
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Anika Graper			
		Name of Person		
	Lacey Evans LLC			
		Firm/Company	····	
	6135 Willow Beck Lane		c/s	2
		Address		2022
	Bradenton FL 33202		COTA:	JAN 24
	anikajgraper@gmail.com	City/State and Zip Code	ASSE AOF	<u> 3</u> M
	E-mail address:	to be used for future annual report noti	TT(A	_ သ 
For further information of	concerning this matter, please of	all:	一語	17
Anika Graper		941 735-3909 at ( )		
Name o	of Person		e Telephone Number	_
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certificate Certified Cop (additional copy	Status &
Mailing Address Registration	Section	Street Address: Registration Se		
Division of C P.O. Box 632	•	Division of Cor The Centre of T	-	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lacey Evans LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on January 25th	2021 and assigned
Florida document number L21000046347		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Stoner Ani LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	
Enter new principal offices address, if applicable:	5302 13th Ave South Gulf	
Principal office address MUST BE A STREET ADDRESS)		
		24 HAS
		SEC P
Inter new mailing address, if applicable:	5302 13th Ave South Gulf	port FL 33767
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street aa	
<del></del>		, Flerida

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
AMBR	Gary Connell	4502 Egmont Drive Bradenton, FL 34203	BAdd
			□Remove
			□Change
			□Add
			□Remove
		SE CR	Change
		CAHNS	Change Change
		ASSEE FI	F TRIMOVE
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prio E: If the date inserted in this block does not meet the appliament's effective date on the Department of State's records	icable statutory			
ord specifies a delayed effective date, but not an effective filed.	time, at 12:01	a.m. on the earli	er of: (b) The	90th day after th
January 10th	<u></u> ·			
Killer J. Cour				<del></del>
Signature of a member or auth				