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SECRETARY OF STATE DIVISION OF CORPORATIONS

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T. HAMPTON AUG - 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STIRRAT REALTY 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:
Shelly J. Stirrat Name of Person
33 Saddle back Rd. Address
Tequesta, FL 33469
Teguesta, F2 33469 City/State and Zip Code SStivate Cox Wackeen. Com E-mail address: (to be used for fiture annual report notification)
For further information concerning this matter, please call:
Shelly Stirrat at (561, 252 1890) Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: √ \$25.00 Filing Fee \$ \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) 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

STIR	RAT	REALT	Y LLC			
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appe Jiability Company)	ars on our records.	.)		
The Articles of Organization for this Limited Liz Florida document number LO3DOOY	ability Company	were filed on	11-10-20	and a	assign	ied
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company he	re:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Comp	any," the designation	on "LLC" or th	e abbr	eviation
Enter new principal offices address, if applica	ble:					
(Principal office address MUST BE A STREET	ADDRESS)	 			9	NS.
Enter new mailing address, if applicable:					AUG -3	CRETARY OF COR
(Mailing address MAY BE A POST OFFICE B	OX)				H	250 250 250 250 250 250 250 250 250 250
				·	2: 2	ATION
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>ent</u>	er the name	of th	ie new
Name of New Registered Agent:	She	elly J.	Stirra le back	٢		
New Registered Office Address:	3	s Sadd	le back	Rd.		
			ter Florida street			
	1090	esta	, Florida	334	69	
Naw Begintaged Agent's Cignature if shanging De		City		Zip Cod	de	

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.

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 Title: <u>Name</u> Address Type of Action Scott Stirrat 33 Saddleback Rd. Tequesta, FL 33469 MGRM Shelly J. Stirrat MGRM Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Signature of a member prauthorized representative of a member

Page 2 of 2

SHELLY STIRRAT

Typed or printed name of signee

Filing Fee: \$25.00