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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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D. BRUCE SEP 28 2016

COVER LETTER

TO: Registration Se Division of Cor				
STACY AZ	ZZARO, LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	STACY BOND			
		Name of Person		
		Firm/Company		
	4424 ALTHEA WAY			
		Address		
	PALM BEACH GARDEN	NS, FL 33410		
	<u> </u>	City/State and Zip Code		
	STACYVBOND@GMAIL	.COM	7. 103	
	E-mail address: (to be used for future annual report notificat	r", =====	ugat : ° p£
For further information c	oncerning this matter, please ca	all:		Тукиниськ
STACY BOND		561 506-3600 at ()	\$51.7 29 551.7 0	\$ 0 \$ \$23-m. 1
Name o	f Person	Area Code Daytime Te	elephone Number	
Enclosed is a check for the	ne 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

STACY AZZARO, LLC

(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited I lorida document number	Liability Company	were filed on 02/16/2005	and assigned		
his amendment is submitted to amend the fol	lowing:				
. If amending name, enter the new name	of the limited liab	ility company here:			
STACY BOND, LLC					
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."		
nter new principal offices address, if appli	cable:	STACY BOND 4424 ALTHEA WAY			
Principal office address MUST BE A STRE	ET ADDRESS)				
 		PALM BEACH GARDENS, FL	33410		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		STACY BOND 4424 ALTHEA WAY			
		PALM BEACH GARDENS, FL	33410		
. If amending the registered agent and egistered agent and/or the new registered of			enter the name of the		
Name of New Registered Agent:	STACY BONI)			
New Registered Office Address:	4424 ALTHEA		<u> </u>		
		Enter Florida street address	To The state of th		
	PALM BEACE	, FIUIT	da 33410		
		City	₹ Zip Čŏde		

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.

f Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
MGR	STACY V. BOND	4424 ALTHEA WAY	
		PBG, FL 33410	□ Remove
			Change
AMBR	LANDEN HOPKINS	4424 ALTHEA WAY	■ Add
		PBG, FL 33410	☐ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
MGR	STACY AZZARO	4053 ILEX CIR N	
		PBG, FL 33410	Remove
			Change
			Add Remove Change
			☐ Add
			Change
			□ Add
			□ Remove
			☐ Change

THAT NAME IS ALREADY TAKEN, SO	RESUBMITTING FOR STACY BOND, LLC.
NOTE: STACY AZZARO AND STACY B	SOND ARE THE SAME PERSON
	
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	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
if the date inserted in this block does not ment's effective date on the Department of St	ieet the applicable statutory filing requirements, this date will not be listed
90th day after the record is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier
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Page 3 of 3

Filing Fee: \$25.00