

L05000113108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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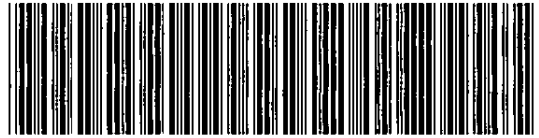
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 28 AM 11:10

FILED

C. LEWIS

JUL 29 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STM CONSULTING AND MANAGEMENT SERVICES, 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:

KENNETH WALKER

Name of Person

STM CONSULTING AND MANAGEMENT SERVICES, LLC

Firm/Company

76 SOUTH LAURA STREET, STE 220

Address

JACKSONVILLE, FLORIDA 32202

City/State and Zip Code

KWALKER@RLCAMPBELL.COM

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

For further information concerning this matter, please call:

KENNETH WALKER

Name of Person

at (904) 359-8900 EXT 206

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

FILED

2009 JUL 28 AM 11:10

STM CONSULTING AND MANAGEMENT SERVICES, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/23/2005 and assigned
Florida document number L05000113108.

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)

76 SOUTH LAURA ST. SUITE 2200

JACKSONVILLE, FLORIDA 32202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

76 SOUTH LAURA ST. SUITE 2200

JACKSONVILLE, FLORIDA 32202

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:

BRENDA CAMPBELL

New Registered Office Address:

76 SOUTH LAURA ST. SUITE 2200

Enter Florida street address

JACKSONVILLE

City

Florida 32202

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.

Brenda H. Campbell
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> |
|--------------|-----------------|--|--|
| MGR | KERA CAMPBELL | 10075 GATE PARKWAY NORTH #407 JACKSONVILLE, FLORIDA 32247 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | BRENDA CAMPBELL | 76 SOUTH LAURA ST. SUITE 2200 JACKSONVILLE, FLORIDA 32202 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated JULY 24, 2009



Signature of a member or authorized representative of a member

KERA CAMPBELL

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA