L06000030355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

L06-30355

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600146727986

03/23/09--01009--025 **25.00

FILED
09 APR 24 AM 9:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Duffigan APR 24 2009

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** Stockwell Holdings 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:

Siena Long
(Name of Person)

Shoppers Marketing Medics Inc
(Firm/Company)

1235 Lagoon Rd
(Address)

Tarpon Springs, FL 34689
(City/State and Zip Code)

For further information concerning this matter, please call:

Siena Long at ( 408 ) 226-4940
(Name of Person) (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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2009

SIENA LONG
1235 LAGOON ROAD
TARPON SPRINGS, FL 34689

SUBJECT: STOCKWELL HOLDINGS LLC
Ref. Number: L06000030355

We have received your document for STOCKWELL HOLDINGS LLC and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the information in the proper section of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 309A00009914

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

FILED
09 APR 24 AM 9:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Stockwell Holdings 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 on 3/22/2006 and assigned Florida document number L06000030355.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Shopper Marketing Medics LLC

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)***

1235 Lagoon Rd
Tarpon Springs FL 34689

**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, enter the name of 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)*

_____, **Florida** _____
*(City)* *(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.*

_____
**(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 | Name | Address | Type of Action |
|---|---|---|---|
| V Pres | Siena Long | 1235 Lagoon Rd<br>Tarpon Springs, FL 34689 | ☑ Add<br>☐ Remove |
| Sec | Robert Stockwell | 1235 Lagoon Rd<br>Tarpon Springs, FL 34689 | ☑ Add<br>☐ Remove |
| CEO | Siena Long | 1235 Lagoon Rd<br>Tarpon Springs FL 34689 | ☑ Add<br>☐ Remove |
| Treasure | Robert Stockwell | 1235 Lagoon Rd<br>Tarpon Springs, FL 34689 | ☑ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |

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

FILED
09 APR 24 AM 9:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated April 7, 2009.

Signature of a member or authorized representative of a member

Typed or printed name of signee



**Filing Fee: $25.00**