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2009 AUG 17 PK 12: 41
SECRETARY OF STATE

T. CLINE

AUG 18 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Stres	s Free, LLC		٠	
	Name of Limi	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Susan Rushing, Esq.			
	Name of Person				
	Stonerush Enterprises, LLC Firm/Company				
	155 Crystal Beach Drive, Suite 200				
	Address				
		Destin, FL 32541			
	City/State and Zip Code				
•	tion)		·		
For further information	concerning this matter, please of	to be used for future annual report notificate annual:	,	2009 AUG 17 PM 12: 4 SECRETARY OF STATE TALLAHASSEE. FUORI	
Susa	n Rushing, Esq.		55-4434	The state of the s	
Name	of Person	Area Code & Daytime T	elephone Number	TATE ORIDA	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

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

(Name of the Limited (A	Stress Fr Liability Compa Florida Limited L	ee, LLC ny as it now appears of Liability Company)	on our records.)	
The Articles of Organization for this Limited Liz Florida document number`L07000111		were filed on	11/5/2007	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
St	onerush Ente	rprises, LLC		
The new name must be distinguishable and end with "L.L.C."	n the words "Limi	ited Liability Company	," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:		155 Crystal Bea	ach Drive, Suite	200 ~
(Principal office address MUST BE A STREET ADDRESS)		Destin, FL 3254	41	SEGRE PALLAH
Enter new mailing address, if applicable:		P.O. Box 698		ARY O
(Mailing address MAY BE A POST OFFICE BOX)		Destin, FL 3254	40	75 75
			14	F
B. If amending the registered agent and/or registered agent and/or the new registered of			r records, <u>enter</u>	the name of the new
Name of New Registered Agent:				
New Registered Office Address:	155 Crystal	Beach Drive, Sui		
		Enter	· Florida street add	iress
		Destin	, Florida	32541
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	Susan Rushing	4427 Luke Avenue Destin, FL 32541	✓ Add ☐ Remove
			Add Remove
			Add Remove
			ZOUS ALL PROMOTE SERVICE SERVI
			PH IN THE PRINT OF
			Add Remove
D. If amend	ling any other information, ente	r change(s) here: (Attach additional sheets, if necessar	 לימי
_	·		
Dated	August 1st	2009	
		remember or authorized representative of a member BUAN 57 Typed or printed name of signee	ONE

Page 2 of 2

Filing Fee: \$25.00