# U8000 114838

(Requestor's Name)				
(Ad	dross)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Business Entity Name)				
(Do	cument Number)			
(120	cument number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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M. THOMAS

MAY - 7 2009

EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Stedman Enter Phises (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:
Kattleen 5, 01/eary (Name of Person)
Stedman Enterprises DBA Call America Systems (Firm/Company)
1241 N. Burgandy Trail
For further information concerning this matter, please call:
For further information concerning this matter, please call:
(Name of Person) at (904) 814-8021 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  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

(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 Florida document number	were filed on and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	1241 N. Burgardy Trail		
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVIlle F/ \$2259		
Enter new mailing address, if applicable:	1241 N. Burgando Traits		
(Mailing address MAY BE A POST OFFICE BOX)	TACKSONVILLE 33259		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here			
Name of New Registered Agent:			
New Registered Office Address: /241	1. Burg and Irail Enter Florida street address)		
Jack	SONVILLE, Florida 32259 (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 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:

F 134

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		Add
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
D. If amend	ling any other information, ent	er change(s) here: (Attach additiona	al sheets, if necessary.)
			2009 MA SECRE
			-6 SSE
	4/2-		OF SIA
Dated	4/30	, <u>2009</u> . De Solome	TE 22
	4.1.11	a member or authorized representative of the state of the	of a member

Page 2 of 2

Filing Fee: \$25.00