# L09000003038

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(enyrelate/Lip/ none ny
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100147323571

03/26/09--01011--013 \*\*25.00

09 MAR 26 AM 11: 20

DIVISION OF CORPORATION

T. HAMPTON

MAR 2 7 2009

**EXAMINER** 

# **COVER LETTER**

.... ... ...

TO: Registration Section Division of Corporations
SUBJECT: STEALTH MARKETING CONCEPTS, 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:
KEITH WRIGHT (Name of Person)
STEALTH MARKETING CONCEPTS, LLC (Firm/Company)
4904 NW 120 TH AVENUE (Address)
CORAL SPRINGS, FL 33076 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 536-6564  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  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

SECRETARY OF STATE DIVISION OF CORPORATION OF CORPO

The Articles of Organization for this Limited Liability Company were filed on 1/12/2009 and assigned

Florida document number 409000003038.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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)

(Enter Florida street address)

(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 **Type of Action** Name **Address** KEITH WRIGHT MGRM Remove Add Remove \_ Add ☐ Remove \_ Add ☐ Remove ☐ Add ☐ Remove Add T Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated MARCH 23 Signature of a member or authorized representative of a member KEITH WRIGHT Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00