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Office Use Only



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S. HAWKES

MAR 2 5 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	STATELY	Enterprises, LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of Art	nendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	<u> </u>	UL Z. Rizvi Name of Person		
	STATELY	Enterprises, LL Firm/Company	-C ·	
	11711 ERG	os Road		
11711 EROS Road Address				
	Lehigh Ac	res, Fl 33° City/State and Zip Code	171	
STATELY09 @ Yahoo. Com				
•	E-mail address: (t	o be used for future annual report notificat	tion)	
For further information concerning this matter, please call:				
BUTUL Z	Rizvi	at (404) 704-66 Area Code & Daytime T	206	
Name of Pe	erson	Area Code & Daytime 1	етерионе ічитівет	
Enclosed is a check for the f	following amount:			
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	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**

Name of the Limited Liability Compan (A Florida Limited Limite	RPrises LLP				
(Name of the Limited Liability Compan	y as it now appears on our records.)	700 6			
(A Florida Limited L	iability Company)	巴多			
The Articles of Organization for this Limited Liability Company	were filed on $2/33/09$	and assigned			
Florida document number <u>10900017495.</u>		SE 2 0			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	lity company here:	A 1:57 A 1:57 E, FLORIDA			
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:	11711 Eros Road Lehigh, Acres, F	<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)	Lehiah Acres F	33971			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11711 Erros Rd Lehigh Acres, F	1 33971			
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:	Butul F. Rizvi	- 			
New Registered Office Address:	711 Eros Road Enter Florida street aa	ldress			
1	•				
<u>Lehigh</u>	Acres , Florida _	33471			
U	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> **Type of Action Name Address** DDAVE: Add 🗌 Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 22nd, 2010. Signature of a member or authorized representative of a member SAULAT HAIDER
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00