

LD90000081478

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cullen FEB 21 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Complete Pay 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:

Kenneth Stiglitz  
Name of Person

Complete Pay LLC  
Firm/Company

14951 Walden Springs Way #605  
Address

JACKSONVILLE, FL 32258  
City/State and Zip Code

completepay@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ken Stiglitz at 904 250-3894  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED

12 FEB 20 PM 12: 05

Complete Pay LLC

(Name of the Limited Liability Company as it now appears on our records,  
(A Florida Limited Liability Company))

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/24/2009 and assigned  
Florida document number L09000081478.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14951 Walden Springs Way  
#605

JACKSONVILLE, FL 32258

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14951 Walden Springs Way  
#605

JACKSONVILLE, FL 32258

**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:

Kenneth Stigleitz

New Registered Office Address:

14951 Walden Springs Way # 605

Enter Florida street address

JACKSONVILLE

Florida

32258

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.

[Signature]  
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
MGR	Holly Newberger	14951 Walden Springs Way # 322 JACKSONVILLE, FL 32258	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Gretchen Stiglets	14951 Walden Springs Way # 603 JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

Dated \_\_\_\_\_, \_\_\_\_\_.

Gretchen Stiglets  
Signature of a member or authorized representative of a member  
Gretchen Stiglets  
Typed or printed name of signee