

L100000008886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11 MAR 28 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 29 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Stay Don't Pay LLC

**DOCUMENT NUMBER:** L10000008886

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHERRILL CLARK  
Name of Contact Person

Stay Don't Pay LLC  
Firm/ Company

7501 NW 4 STREET #210  
Address

Plantation, FL 33317  
City/ State and Zip Code

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

FILED  
11 MAR 23 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sherrill Clark at ( 877 ) 8825338 x211  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is enclosed) |
|---|--|--|---|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Stay Don't Pay, LLC

(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 were filed on 01/25/2010 and assigned  
Florida document number L10000008886.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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11 MAR 28 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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*

Florida

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>	<u>Address</u>	<u>Type of Action</u>
P	Sherrill Clark	13976 Langley Pl DAVID, FL 33325	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	David Ramos	4317 Reflections Blvd Sunrise, FL 33351	<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.)

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

FILED  
11 MAR 28 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

Sherrill Clark

Signature of a member or authorized representative of a member

Sherrill Clark

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2011

SHERRILL CLARK  
STAY DON'T PAY LLC  
7501 NW 4 STREET, #210  
PLANTATION, FL 33317

SUBJECT: STAY DON'T PAY LLC.  
Ref. Number: L10000008886

FILED  
11 MAR 28 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for STAY DON'T PAY LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 111A00006596