## 1100006064

| (Req                      | uestor's Name)   |             |
|---------------------------|------------------|-------------|
| bbA)                      | ress)            |             |
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| (City.                    | /State/Zip/Phon  | e #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bus                      | iness Entity Nar | me)         |
| (Doc                      | ument Number)    | ,           |
| Certified Copies          | Certificate      | s of Status |
| Special Instructions to F | iling Officer:   |             |
|                           |                  |             |
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## COVER LETTER

| Division of Corp                | tion<br>porations   |   | ·  |               |
|---------------------------------|---|---|--|---------------|
| SUBJECT:                        | Sean A. Sto   | rani PL   | ,  |               |
| SUBJECT:                        | Name of Line  | ited Liability Company  | -  |               |
|                                 |   |   |  |               |
| The enclosed Articles of 2      | Amendment and fee(s) are sub-   | mitted for filing.  |  |               |
| Please return all correspor     | idence concerning this matter   | to the following:   |  |               |
|                                 | Sean  | A Storur  | ri P.L.  |               |
|                                 |   | A Storce Firm/Company   |  |               |
|                                 |   | NW 102 We   |  |               |
|                                 | Pombrul   | Address  L PIND, F  City/State and Zip Code  OW (O O) MOU  to be used for Inture annual r | =1 33026   |               |
|                                 | Storanil  | City/State and Zip Code   | 1.com  |               |
|                                 | I:-mail address: (  | to be used for luture annual r  | eport notification)  |               |
| For further information co      | ncerning this matter, please co   |   |  |               |
| Sians                           | Storani   | au 954)   | 805-155 <b>\$</b><br>Daytime Telephone Number  |               |
| Name of                         | Person  | Area Code   | Daytime Telephone Number   | <del></del>   |
| Englosed is a check for the     | -   | _   |  |               |
| ▼ \$25.00 Filing Fee            | □ \$30.00 Filing Fee &<br>Certificate of Status                               | ☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed.                       | Certificat<br>(Sect) Certified   | e of Status & |
| Registra<br>Division<br>P.O. Bo | NG ADDRESS:<br>ttion Section<br>1 of Corporations<br>× 6327<br>ssee, FL 32314 | Registration<br>Division o<br>Clifton Bu<br>2661 Exec                                     | COURIER ADDRESS:<br>on Section<br>F Corporations<br>ilding<br>utive Center Circle<br>c. FL 32301 |               |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Sean A Storoni,  | P.L.                     |  |                         |  |
|--|--------------------------|--|-------------------------|--|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia   | as it now<br>ability Con | appears on our records.)   |                         |  |
| The Articles of Organization for this Limited Liability Company we Florida document number $\underline{L10060060064}$ .  | ere filed                | on 06/04/2010  | _ and assig             | jned   |
| This amendment is submitted to amend the following:  |                          |  |                         |  |
| A. If amending name, <u>enter the new name of the limited liabili</u>  | ty comp                  | any here:  |                         |  |
| The new name must be distinguishable and contain the words "Limited Liability  | Company                  | " the designation "LLC" or the abbrev                                | riation "L.L.           | <del></del>  |
| 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 offi<br>registered agent and/or the new registered office address here:  Name of New Registered Agent:   | ce addr                  | ess on our records, <u>enter the</u>                                 | 186 JAN 29 F            | NAME OF CONTROL OF CON |
| New Registered Office Address:   |                          |  | ⊐ž                      | 350<br>250   |
| rest tregistered office reduces.   | En                       | ter Florida street address   | — <u>=</u>              | ATTO   |
|  |                          | Florida  |                         | <b></b>  |
|  | City                     | :  | Zip Code                |  |
| New Registered Agent's Signature, if changing Registered Agent:  |                          |  |                         |  |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | erformai<br>ovided fê    | ice of my duties, and I am fam.<br>or in Chapter 605, F.S. Or, if to | iliar with<br>his docum | and<br>ient is   |
|  |                          |  |                         |  |
| If Changi  | ing Regist               | ered Agent, <u>Signature of New Regist</u> o                         | red Agent               |  |

or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> Type of Action MGR DOSSCHINKA Storani 23/1 NW 102 way DANG Pembro Ke Pirw, F1 33026 \_□ Change □ Add ☐ Remove □ Change  $\square$  Add ☐ Remove Change \_□ Remove \_□ Change \_□ Add □ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

| D. If amer  | ending any other information, enter change(s) here: (Attach additional sheets, i  | f necessary.)   |                            |
|-------------|---|---|----------------------------|
|             |   |   | _                          |
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| _           |   |   | _                          |
| E. Effectiv | tive date, if other than the date of filing:  | (optional)  |                            |
| Note: 1     | fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day. If the date inserted in this block does not meet the applicable statutory filing requirement nent's effective date on the Department of State's records. | s after filing.) Pursuant to 60<br>s, this date will not be lis | 15.0207 (3)(<br>ted as the |
| f the reco  | cord specifies a delayed effective date, but not an effective time, at 12:<br>90th day after the record is filed.   | 01 a.m. on the earl   | ier of:                    |
| Dated_      | JANUARY 2320 . 2018   | 18<br>J   | SECT                       |
|             | Signature of a member or authorized rypresentative of a member  | JAN 29  | 学者<br>9 <u>字</u> 7         |
|             | ( ) E D 4 D . D 7 CM 2 m )  | 9<br>   |                            |
|             | Typed or printed name of signee   | · · · · · · · · · · · · · · · · · · ·                           | 동일                         |
|             |   | , C   | \$ \frac{1}{2} \text{C}    |

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Filing Fee: \$25.00