

L11000056846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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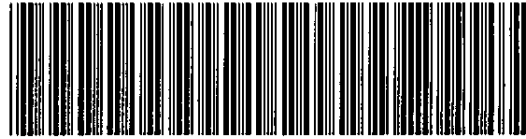
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
SEP - 1 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STELADA 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:

PATRICIA A HENSON, TRUSTEE

Name of Person

PATRICIA A HENSON CPA PA

Firm/Company

1166 CARMEL CIRCLE #220

Address

CASSELBERRY, FL 32707-6455

City/State and Zip Code

PATSAILS@JUNO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA HENSON

Name of Person

at (407)

673-3450

Area Code & Daytime Telephone Number

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STATE OF FLORIDA
TALLAHASSEE

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**

STELADA 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 05/13/2011 and assigned Florida document number L11000056846.

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)

1166 CARMEL CIRCLE #220

CASSELBERRY, FL 32707-6455

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1166 CARMEL CIRCLE #220

CASSELBERRY, FL 32707-6455

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:

PATRICIA A HENSON, TRUSTEE

New Registered Office Address:

1166 CARMEL CIRCLE #220

Enter Florida street address

CASSELBERRY

Florida

32707-6455

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.

Patricia A Henson, Trustee

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>
TRUST	PATRICIA A HENSON	1166 CARMEL CIRCLE #220 CASSELBERRY, FL 32707-6455	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JOSEPH A STERLING JR	1515 CONWAY ISLE CIRCLE ORLANDO, FL 32809	<input type="checkbox"/> Add <input checked="" 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)

11 AUG 31 PM 12:23
FILED
TALLAHASSEE, FLORIDA

Dated AUGUST 29, 2011.

Patricia A Henson, Trustee

Signature of a member or authorized representative of a member

PATRICIA A HENSON, TRUSTEE

Typed or printed name of signee