

L11000082364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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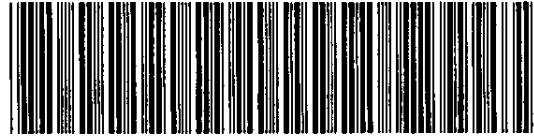
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

AUG 13 2013
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stemmer Enterprises, 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:

Jeffrey Stemmer
Name of Person
Stemmer Enterprises LLC
Firm/Company
2701 NW 2ND Ave Suite 205
Address
Boca Raton, FL 33431
City/State and Zip Code
TheTaxMarshall@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerry Marshall at 317 407-8183
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

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

Slemmer Enterprises, 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 7/18/2011 and assigned Florida document number L11000082364

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)

2701 NW 2ND Ave

Suite 205

Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2701 NW 2ND Ave

Suite 205

Boca Raton, FL 33431

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:

Jeffrey Slemmer

New Registered Office Address:

2701 NW 2ND Ave Suite 205

Enter Florida street address

Boca Raton

City

Florida

33431

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:

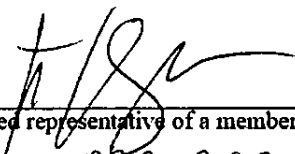
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			Add
			Remove
			Add
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 08/08/2013



Signature of a member or authorized representative of a member
Jeffrey Stlemmer Manager

Typed or printed name of signee

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Filing Fee: \$25.00

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