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Actions FEB 18 2015

COVER LETTER

	gistration Secti ision of Corpo			
CUDIECT.	LALLIE M	ARIE HOLDINGS, LLO		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of Aı	nendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	lence concerning this matter t	to the following:	
		MARY BETH MCMA	NUS	
			Name of Person	
		STONEBRIDGE WE	ALTH MANAGEMENT, INC	;
			Firm/Company	
		13700 US HIGHWAY	Y 1 #102	
			Address	
		JUNO BEACH, FL 3	3408	
			City/State and Zip Code	
		MARYBETH@ST-WI		·
			o be used for future annual report notific	ation)
For further i	nformation con	cerning this matter, please ca	ıll:	
MARY B	ETH MCMA	NUS	561 310-4621	
	Name of F	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

LALLIE MARIE HOLDINGS,		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L12000133588		and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
registered agent and/or the new registered offic Name of New Registered Agent:	registered office address on our records, <u>ento</u> e address here:	er the name of the ne
New Registered Office Address:	Enter Florida street address	N P P
	, Florida	
Name Descriptored Assemble Signature 18 - ham 1 Pr	City	Zip Code
New Registered Agent's Signature, if changing Reg	isterea 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name **Address** Type of Action LALLIE MARY BETH MCMANUS 13700 US HIGHWAY 1 #102 □ Add JUNO BEACH, FL 33408 ■ Remove **LALLIE MCMANUS** MGRM 4501 SE HEARTWOOD TR ■ Add STUART, FL 34997 ☐ Remove ☐ Remove □ Add <u></u> Remove कें कि □ Remove ☐ Add _□ Remove

he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be m	(optional) nore than 90 days after
he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be me he date this document is filed by the Florida Department of State) FERRIARY 11 2015	(optional) nore than 90 days after
he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be me he date this document is filed by the Florida Department of State) FERRIARY 11 2015	(optional) nore than 90 days after
Ciffective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be must deate this document is filed by the Florida Department of State) Dated FEBRUARY 11 Signature of a member or authorized representative of a member of a member or authorized representative of a member of a me	ore than 90 days after

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Filing Fee: \$25.00

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