

L12000147367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

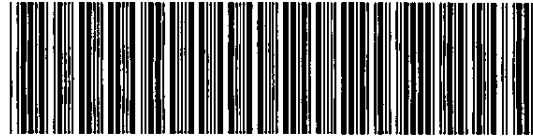
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2014 FEB 13 PM 3:01
FEB 13 2014

B BOSTICK

FEB 18 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stay At Home Companion, 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:

Elizabeth A. Sevier
Name of Person

Stay At Home Companion, LLC
Firm/Company

11720 US Hwy. 19, Suite 15
Address

Port Richey, FL 34668
City/State and Zip Code

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

For further information concerning this matter, please call:

Elizabeth Sevier at 727 644-9433
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

FILED
2014 FEB 19 PM 3:01
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Stay At Home Companion, 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 11/24/12 ^{Amended} 8/19/13 and assigned
Florida document number L12000147367.

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)

11720 US Hwy 19
Suite 15
Port Richey, FL 34668

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

11720 US Hwy 19
Suite 15
Port Richey, FL 34668

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:

Elizabeth A. Sevier

New Registered Office Address:

11720 US Hwy 19, Suite 15
Enter Florida street address
Port Richey Florida 34668
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 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.

E. Sevier
If Changing Registered Agent, Signature of New Registered Agent

FILED
2011 FEB 13 P 3:01
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA

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
MGR MGRM	Debra L. Snetting	5240 Villa Circle Colorado Springs, CO 80918	<input type="checkbox"/> Add
	New Address	6330 Edenmore Ave New Port Richey, FL 34653	<input checked="" type="checkbox"/> Remove
MGR	Elizabeth A. Sevier	11720 US Hwy 19 Suite 15 Port Richey, FL 34668	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2011 FEB 13 7:30:13
FEB 13 2011

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 31, 2014.

E. Sevier
Signature of a member or authorized representative of a member
ELIZABETH SEVIER
Typed or printed name of signee

FILED
2014 FEB 13 PM 3:01
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA