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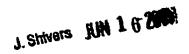
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COVER LETTER

TO: Registration Section Division of Corpor		•	
SUBJECT: Stay A	+ Home Com	panion, LLC ded Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Oebra K. S	Snetting Name of Person	
	Stay At	Home Company	on, LLC
		Address	
		City/State and Zip Code	
	info@stay	to be used for future annual report notific	on. com
For further information cond	cerning this matter, please ca	all:	
Debra Sr Name of Po	netting	at (<u>720</u>) <u>231- 4</u> 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

Stay At Home Companion, LLC

(Name of the Limited Liability Co	ited Liability Company)			
The Articles of Organization for this Limited Liability Comp Florida document number <u>LI2000 147 367</u> .	any were filed on <u>11 26/13,8/19/1</u> 1/13/14,5/30/14	ر3	_ and as	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited Stay At Home Companion T. The new name must be distinguishable and end with the words "Limited"	· · · · · · · · · · · · · · · · · · ·	or the abbi	reviation	"L.L.C."
Enter new principal offices address, if applicable:				<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address		nter th	e name	e of the new
		^U 골등	7.1	
Name of New Registered Agent:		<u> </u>		, f
New Registered Office Address:	Enter Florida street address	- 1915 		Section
	rmer Portua street address	1.11 1.11 1.11		, c. 1 - r#
	, Florid	Ja <u>min</u>	Zin Cod	1 :
New Registered Agent's Signature, if changing Registered Ag	•	OKID,	Zip €ode — ⇔	room of
I hereby accept the appointment as registered agent and	agree to act in this capacity. I furth	er agrei	e to con	nply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Type of Action Title** <u>Name</u> Address _____ Remove _____ Remove

,	
he effectiv	date, if other than the date of filing:
he effectiv he date thi	date, if other than the date of filing:
he effective the date thi	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
The effectiv	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

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Filing Fee: \$25.00