

LB000021778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2013-12-05 14:14

FILED

D. SCOTT
DEC 12 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STPA,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:

LORENZO A. ALLEN

Name of Person

Firm/Company

6207 N.W. 66TH WAY.

Address

PARKLAND,FL. 33067

City/State and Zip Code

POBOY62@AOL.COM

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

For further information concerning this matter, please call:

LORENZO ALLEN

954

242-9361

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2007-5-7 10

FILED

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

STPA,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 2/11/2013 and assigned
Florida document number L 13000021778.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(Mailing address MAY BE A POST OFFICE BOX)

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:

LORENZO A. ALLEN

New Registered Office Address:

6207 N.W. 66TH. WAY.

Enter Florida street address

PARKLAND, FL.

Florida 33067

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.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SALINA ALLEN	6207 N.W. 66TH. WAY. PARKLAND, FL. 33067	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	TAYLOR ALLEN	6207 N.W. 66TH. WAY. PARKLAND, FL. 33067	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	PAIGE ALLEN	6207 N.W. 66TH. WAY. PARKLAND, FL. 33067	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LORENZO A. ALLEN	6207 N.W. 66TH. WAY. PARKLAND, FL. 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	<i>Salina Allen</i>	6207 N.W. 66TH. WAY. PARKLAND, FL. 33067	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	<i>LORENZO A. ALLEN</i>	6207 N.W. 66TH. WAY. PARKLAND, FL. 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2011-5-11 11:11

2013.5.17

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E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 26 NOV. 2018

Lorey K. Allen
Signature of a member or authorized

Signature of a member or authorized representative of a member

OWNER

Typed or printed name of signee