

L13000066629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

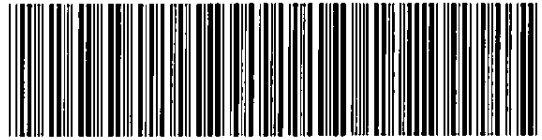
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2024 MAR -7 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STILA Group 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:

Elisha Alexander
Name of Person

STILA Group LLC
Firm/Company

3641 SE 1st Street
Address

HOMESTEAD, FL 33033
City/State and Zip Code

EMILIES@STILAGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisha Alexander at (205) 205-7152
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STILA Group LLC

Page 1 of 3

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 | ELISHA ALEXANDER | 3641 SE 1 ST STREET | <input type="checkbox"/> Add |
| | | HOMESTEAD, FL 33033 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | SARAH Goodridge Byrdloss | 3615 SW 59 TH AVENUE | <input type="checkbox"/> Add |
| | | Miami, FL 33155 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ECA Holdings Inc. | 3641 SE 1 ST STREET | <input checked="" type="checkbox"/> Add |
| | | HOMESTEAD, FL 33033 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | SGB Investment Holdings, Inc. | 3615 SW 59 TH AVENUE | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33155 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ELISHA ALEXANDER | 3641 SE 1 ST STREET | <input checked="" type="checkbox"/> Add |
| | | HOMESTEAD, FL 33033 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | SARAH Goodridge Byrdloss | 3615 SW 59 TH AVENUE | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33155 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

N/A

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 February 28, 2024


Signature of a member

Signature of a member or authorized representative of a member

Elisha Alexander

Typed or printed name of signee