

L13000068999

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2013 OCT 11 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED OCT 14 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **STEMECS 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:

ANEESH HAMZA

Name of Person

STEMECS LLC.

Firm/Company

4565 BENTON LAKES DR

Address

JACKSONVILLE, FLORIDA 32257

City/State and Zip Code

INFO@STEMECS.COM

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

For further information concerning this matter, please call:

ANEESH HAMZA

Name of Person

at (**732**) **4911059**

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

FILED
2013 OCT 11 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STEMECS 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 05/10/2013 and assigned
Florida document number L13000068999.

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)

4565 BENTON LAKES DR
JACKSONVILLE, FLORIDA 32257

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

4565 BENTON LAKES DR
JACKSONVILLE, FLORIDA 32257

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:

ANEESH HAMZA

New Registered Office Address:

4565 BENTON LAKES DR

Enter Florida street address

JACKSONVILLE

City

, Florida 32257

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

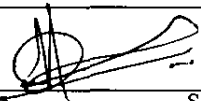
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HAMZA, ANEESH	8241 PELICAN LANDING RD., UNIT 208	<input type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32256	<input checked="" type="checkbox"/> Remove
MGRM	ANEESH HAMZA	4565 BENTON LAKES DR	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32257	<input type="checkbox"/> Remove
MGRM	BETCY MOIDUNNY	4565 BENTON LAKES DR	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32257	<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

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

Dated 3RD OF OCTOBER, 2013



Signature of a member or authorized representative of a member

ANEESH HAMZA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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