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COVER LETTER

TO: Registration Sec Division of Corp				
The	Stulic Team	L.L.C		
SUBJECT:	•••	ited Liability Company	····	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Ashley Stul	lic		
		Name of Person		
	Keller Willia	ams Tampa Pro	perties	
		Firm/Company		
	4002 Huds	on Terrace		
		Address		~7
	Tampa, FL	33618		2014
	A 11	City/State and Zip Code		APR 18
	Ashleystulic@g	mail.com to be used for future annual report notifi	cation)	
For further information co	oncerning this matter, please ca	•		
			102	5 9 4 5 24 5 5
Ashley Stu	f Person	at (813) 967-6	Telephone Number	9 年 2
ivanie o.	i i dison	Area Code Dayume	rerephone rumou	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

The Stulic Team L.L.C.		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number <u>L14000060752</u>	ty Company were filed on 4/14/2014	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Vincent Stulic L.L.C.		
The new name must be distinguishable and end with the words	s "Limited Liability Company," the designation "LLC" o	
Enter new principal offices address, if applicable	:	P 7
(Principal office address MUST BE A STREET A		7 70
		80 X
Enter new mailing address, if applicable:		9.
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	52 52
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florid	
	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 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 = 7	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			Remove
			Add
			□ Remove
			Remove 1970 AM
			Add 2014 PR 18 AM 9: 52e
		□ Remove	

). If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The effective	e date, if other than the date of filing: (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated _	·/16/2014
	Ashler Stuc
	Signature of a member or authorized representative of a member
	Ashley Stulic
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

