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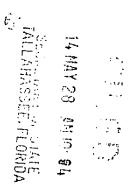
(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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T. SHINGES HAY 2 9 SOM



May 20, 2014

BRYAN JONES 5161 NE 18TH AVE FT LAUDERDALE, FL 33334

SUBJECT: STUBSHED, LLC. Ref. Number: L14000072042

We have received your document for STUBSHED, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00010856

COVER LETTER

Division of Co	rporations		
SUBJECT:	Stabshed 110		
SUBJECT:	StubShed, LLC Name of Lim	nited Liability Company	
		, ,	
The content A date of		' 1 C CI'	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Bryan	Tone S Name of Person	
	,	Name of Person	
	Stub	Shed, UC. Firm/Company	
		Firm/Company	
	5761 No	E 18th Ave	
		Address	
	Fort	Landerdale, Fl. 33. City/State and Zip Code	34
		City/State and Zip Code	
	F-mail addrass:	njones 629 @ qmail. Co.	m Tention)
For forther information of		·	ication)
roi further miorilation (concerning this matter, please c	all.	
Bryan	Jones	at (954) 205.27 Area Code Daytime	720
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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

StubShee	1, LLC -			
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appear orida Limited Liability Company)	rs on our records.)		
		cla la u		
The Articles of Organization for this Limited Liabilit	• • •	5/2/2014	and as	ssigned
Florida document number <u>L14000072042</u>	·	·		
This amendment is submitted to amend the following	7 :			
A. If amending name, enter the new name of the	limited liability company h	ere:		
The new name must be distinguishable and end with the words	"Limited Liability Company," the	designation "LLC" or the a	abbreviation '	"L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DDRESS)	Ú.Ú		
		<u> </u>	<i>y</i> 3	·
		<u></u>	5	
			:	
Enter new mailing address, if applicable:	 	G. G.	ိုင်း ထိ	
(Mailing address MAY BE A POST OFFICE BOX)		Ţŧ.	C Die	*****
			<u> </u>	
		<u> </u>		
B. If amending the registered agent and/or re	egistered office address or			of the nev
registered agent and/or the new registered office a		our records, enter	the name	of the nev
				
N. CN. B. L. LA				
Name of New Registered Agent:	***************************************			
New Registered Office Address:				
	Enter Flor	rida street address		
		, Florida		
	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

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
Owner	Bryan Jones	5161 NE 18th Ave Ft. Land., Fl. 33334	☑ Add
		Ft. Cand., Fl. 33334	□ Remove
		- 	
		<u> </u>	Add
	•		☐ Remove
		- -	
			□ Add
			Remove.
			
		·	□ Remove
			□ Add
	•	·	Remove
	·		□ Add
			Remove

	e, if other than the date of filing:
the date this do	

Page 3 of 3

Filing Fee: \$25.00

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