

L14000103000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

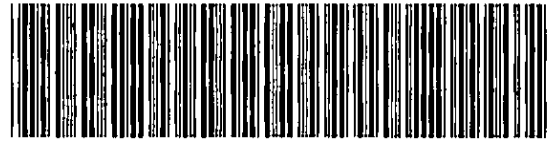
(Business Entity Name)

(Document Number)

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MAR 21 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STABILITY HOLDING 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:

CRISTIANA S. BAAS CPA

Name of Person

GLOBAL TAX AND ACCOUNTING INC

Firm/Company

5300 W HILLSOBO BLVD STE 217

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

CCASAPAVA@GTATAX.COM

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

For further information concerning this matter, please call:

CRISTIANA S. BAAS

954 421-7300
at ()
Area Code Daytime Telephone Number

Name of Person

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

STABILITY HOLDING LLC

The Articles of Organization for this Limited Liability Company were filed on 06/26/2014 and assigned Florida document number L14000103000.

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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 | ARISTIDES BASSINI NETO | 5300 W HILLSBORO BLVD | <input checked="" type="checkbox"/> Add |
| | | STE 217 | <input type="checkbox"/> Remove |
| | | COCONUT CREEK, FL 33073 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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


(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)

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 MARCH 14, 2018



Signature of a member or authorized representative of a member

ARISTIDES BASSINI NETO

Typed or printed name of signee

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