14000103000

		(Requestor's Name)
		(Address)
		(Address)
		(City/State/Zip/Phone #)
		PICK-UP WAIT MAIL
		(Business Entity Name)
+	t	(Document Number)
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	P	eciał Instructions to Filing Officer:
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TALLAHASSEE FLORID

N COOPER MAR 21 2018

COVER LETTER

	ision of Corpora			
UBJECT:	STABILITY HO	LOING LLC		
OBSECT.		Name of Lim	ited Liability Company	
he enclose	d Articles of Amer	ndment and fee(s) are sub	mitted for filing.	
lease returi	n all corresponden	ce concerning this matter	to the following:	
	C	R STIANA S. BAAS CP	'A	
	_		Name of Person	
	C	LOBAL TAX AND ACC	COUNTING INC	
			Firm/Company	
	5	300 W HILLSOBO BLV	D STE 217	
			Address	
	C	CONUT CREEK, FL 3	33073	
Ì	-	S. C. DAVA COTATAN	City/State and Zip Code	
1		SAPAVA@GTATAX	.COM to be used for future annual report notific	cation)
ör further i	nformation concer	ning this matter, please c	·	-uitvii,
RISTIAN.	A S. BAAS		954 421-7300 at ()	
	Name of Pers	o c	Area Code Daytime	Telephone Number
nclosed is	a check for the fol	lowing 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)
	Registration	orporations 37	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT \mathbf{TO} ARTICLES OF ORGANIZATION OF

STABILIT	Y HO	LDING	LLC
		100	

	<u> </u>	Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
 	e Articles of Organization f	or this Limited Liability Company were filed on and assigned and assigned	
l	orida document number L14	000103000	
ļ ļ	is amendment is submitted	o amend the following:	
	If amending name, enter	the new name of the limited liability company here:	
h	new name must be distinguishal	le and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	-
Ļī	iter new principal offices a	ddress, if applicable:	333
P	rincipal office address MU.	ST BE A STREET ADDRESS)	æ
			A R
			왕
C	iter new mailing address, i	f applicable:	\$
N	lailing address MAY BE A	POST OFFICE BOX)	ΔTE
			-
3.	If amending the regist gistered agent and/or the t	ered agent and/or registered office address on our records, <u>enter the name of the sew registered office address here</u> :	<u>1ew</u>
	Name of New Regis	ered Agent:	-
	New Registered Off		_
		Enter Florida street address	
, l	w Registered Agent's Signa	ture, if changing Registered Agent:	
7 7 7 2 5 6	nereby accept the appoints ovisions of all statutes rel cept the obligations of my	nent as registered agent and agree to act in this capacity. I further agree to comply with ative to the proper and complete performance of my duties, and I am familiar with and position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a change in the registered office address, I hereby confirm that the limited liability	
		If Changing Registered Agent, Signature of New Registered Agent	FEC
		Page 1 of 3	

if emendii Frremove	ng Authorized Person(s) authorized t d from our records:	to manage, enter the title, name, and address	of each person being adde
	.		
† Fitle	<u>Name</u>	Address	Type of Action
мGR	ARISTIDES EASSINI NETO	5300 W HILLSBORO BLVD	∃ Add
		STE 217	☐ Remove
		COCONUT CREEK, FL 33073	□ Change
			□ Add
			Remove
			Change
			D Add
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<u> </u>			🗆 Add
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			Add □ Remove
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D.	it amending any other in	formation, enter change(s) here: (Attach additional sheets, if necessary.)		
				∏ S
			· ·	ECRET
			_ <u>:</u> _:	RY OF SSEE. F
			' →; _	STATE
				>
	-			
E.	Note: If the date inserted in	an the date of filing:	o 605.0 Histec)207 (3)(b) I as the
If (t		elayed effective date, but not an effective time, at 12:01 a.m. on the e	arliei	r of:
	Dated MARCH 14	2018		
		Signature of a member or authorized representative of a mumber	18 MAR	SECRE
	ARISTIDES BA		20 ≥	TARY OF
		Typed or printed name of signee	39	F STAT
		Page 3 of 3		Dmi

Filing Fee: \$25.00