

114 000 196 702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

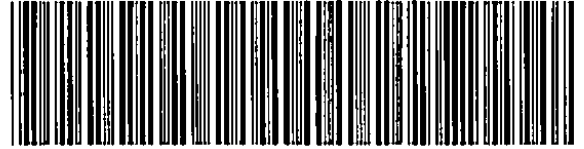
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700330266607

06/19/19--01021--000 **000

FILED
19 JUN 29 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 12 2019
T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STOKES, REES & CO, 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:

MICHAEL W. STOKES

Name of Person

STOKES TELECOM ACCOUNTING, LLC

Firm/Company

12515 Highfield Circle

Address

Lakewood Ranch, FL 34202

City/State and Zip Code

mstokes@stokescpa.biz

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

For further information concerning this matter, please call:

Michael W. Stokes

217

341-3343

at ()

Name of Person

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**

STOKES, REES & CO, 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 12/30/2014 and assigned
Florida document number L14000196702.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

STOKES TELECOM ACCOUNTING, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

SAME ADDRESS

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME ADDRESS

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

SAME

Enter Florida street address

_____, Florida
City

FILED
19 JUL 26 PM 2:58
STOKES, REES & CO, LLC
TALLAHASSEE, FLORIDA
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 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 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED
 JUN 28 PM 2:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

19 JUL 28 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
19 JUL 28 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 6/10, 2019
Mich W. Jt Michael W. Jt
 Signature of a member or authorized representative of a member

Typed or printed name of signee