

215000051723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

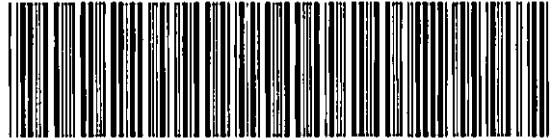
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/13/18--01023--018 **39.00

2018 AUG 13 AM 11:28
SECRETARY OF STATE
HARRISBURG, PENN

FILED

M. MILLIGAN

AUG 28 2018

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

August 8, 2018

Division of Corporations:

I would like to simultaneously change the name of 2 businesses. Comfort Storage LLC to Stockhausen Consulting LLC. Then Stockhausen Investments LLC to Comfort Storage LLC. I have enclosed the documents and fees for both name changes. I would like to ensure that the name changes will occur simultaneously and immediately. Please contact Sandra Hack 941-806-8707 to verify.

Comfort Storage LLC is service marked. I would like the service mark to remain with Comfort Storage LLC as it replaces Stockhausen Investments LLC. Please advise necessary steps to do so.

Thank you,

A handwritten signature in black ink, appearing to read "Sandra Hack", written in a cursive style.

Sandra Hack
941-806-8707

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STOCKHAUSEN INVESTMENTS 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:

TODD STOCKHAUSEN

Name of Person

STOCKHAUSEN INVESTMENTS LLC

Firm/Company

2823 Ryan Blvd

Address

Punta Gorda, FL 33950

City/State and Zip Code

toddstockhausen@aol.com

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

For further information concerning this matter, please call:

SANDRA HACK

941

806-8707

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**

STOCKHAUSEN INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2010 AUG 13 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MARCH 23, 2015 and assigned
Florida document number L15000051723.

This amendment is submitted to amend the following:

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

COMFORT STORAGE LLC

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

Enter new principal offices address, if applicable:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SAME

New Registered Office Address:

Enter Florida street address

City

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 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 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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

NONE OTHER

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