

L15000070456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

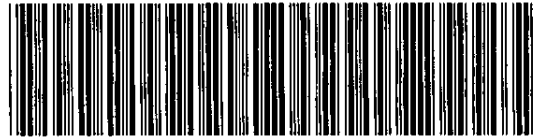
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2nd 1st page L15-70456

9/18/15- spoke to them -
they are faxing missing page

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAY 20 PM 4:55
TALLAHASSEE, FLORIDA

5/18/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stages and Changes, 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:

Kristin Ceppaluni
Name of Person

Stages and Changes
Firm/Company

4531 DeLeon Street, Ft Myers
Address

Ft Myers, FL 33907
City/State and Zip Code

kceppaluni@aol.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Fred Mendenhall at (239) 220-4569
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 20 PM 4: 55

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SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2015

KRISTIN CEPPALUNI
4531 DELEON STREET
FORT MYERS, FL 33907

SUBJECT: STAGES & CHANGES LLC
Ref. Number: L15000070456

We have received your document for STAGES & CHANGES LLC and your check(s) totaling \$30.00. However, the document has not been filed and is being retained in this office for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 615A00009643

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 20 PM 4:55
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Stages and Changes 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 _____ and assigned
Florida document number L15000070456

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida 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

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DIVISION OF CORPORATIONS
15 MAY 11 PM 4:59
TALLAHASSEE, FLORIDA

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>
AMBR	Kelly Lepore	10435 Via Balestria	<input type="checkbox"/> Add
		Ft Myers, FL 33913	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vincent Carrier	331 North Avenue	<input type="checkbox"/> Add
		Lehigh Acres, FL 33936	<input checked="" 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

FILED
15 MAY 2015
PH 1:56
SECRETARY OF STATE
DIVISION OF INCORPORATION
AND BUSINESS REGISTRATION
TALLAHASSEE, FLORIDA

[illegible]

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.

Dated

4/28/15, 2005

Wm. Menckhall

Signature of a member or authorized representative of a member

Fred Mendenhall

Typed or printed name of signee

WILLIAM F. FORD

13 MAY 2016

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION