

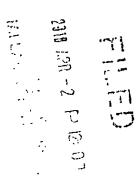
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Name of Lim	11C Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	STEPHEN	Name of Person		
	555N4L	ELC Firm/Company		
	810 Ridge	WOOD OF Address		
	4	West form beach City/State and Zip Code	F1, 33405	Table Services
	5. STanton Q Gr	ng. L. Com to be used for future annual report notif		117
For further information c	concerning this matter, please c		incation)	Ü
STOPHON Name o	STangory of Person	at (<u>630</u>) <u>546</u> — Area Code Daytime	e Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

STINKL LIC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed. Florida document number 415000077334.	on May 1, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any 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:	227
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office addre	ess on our records, enter the name of the ne
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
	, Florida

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
AMBR	Darci Stunton	5446 Duckweed Rd	⊡ ∕Ádd
		5446 Duckweed Rdy Lange watty , FL 33405	□ Remove
		united states	Change
			□ Add
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more If the date inserted in this block does not meet the applicable statutory filing resourcement's effective date on the Department of State's records.	than 90 days after fil	ing.) Pursuant	
record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	ne, at 12:01 a.n	n. on the	earlier (
ited			
Signature of a member of authorized representative of STEPHEN STANDON Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00