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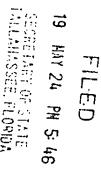
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COVER LETTER

TO:	Registration Sec Division of Corp			
cun i	Stage & Am	aze LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The er	iclosed Articles of A	vmendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	dence concerning this matter	to the following:	
		Adriana Torres Escobar		
			Name of Person	
		Stage & Amaze LLC		
			Firm/Company	
		16054 Thorn Wood Dr		
			Address	
		Fort Myers, FL 33908		
		adriana@stageandamaze.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	ncerning this matter, please ca	all:	
Adria	na Torres Escobar		239 738-0951 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclos	sed is a check for the	e following amount:		
■ \$2	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

(Name of the Limited Liability Com-	nany as it now appears on our recorde	
(A Florida Limited	pany as it now appears on our records.) [Liability Company]	
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number L15000090436		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
		70 5
The new name must be distinguishable and contain the words "Limited Lial	pility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	2 7
(Principal office address MUST BE A STREET ADDRESS)		- <u> </u>
	· · · · · · · · · · · · · · · · · · ·	2
		,0812 2. 2.
Enter new mailing address, if applicable:		5 5
(Mailing address MAY BE A POST OFFICE BOX)		
-	.	
		·
B. If amending the registered agent and/or registered		enter the name of the
registered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		ida

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 Title Name | <u>Address</u> Type of Action □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Remove _□ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove

_□ Change

Stage & Amaze has adde	<u>rd M</u> atias Escobar as i	a Partner to the Corp	oration, Mr. Escobar	s share of the	
partnership is equal to 20	0%, the remaining 80°	% is in Adriana Torre	s Escobar's name.		
					
			 		
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tive date, if other than	Alan data at tillan.	May 22, 2019		ි කි _ (optional)	5: 47
ffective date is listed, the date in the date inserted in the ment's effective date on the	e must be specific and ca is block does not mee	nnot be prior to date of et the applicable statu		ays after filing.) P	ursuant to 605.
ecord specifies a dela le 90th day after the	ayed effective dat record is filed.	e, but not an eff	ective time, at 1	2:01 a.m. or	the earlie
a May 22,20	119	·			
	Signatury of a me	mber or authorized repi	esentative of a member	, _	
	م مناد ۸	Torres Esc	ch -		

Page 3 of 3

Filing Fee: \$25.00