

LIS000123705

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STINAMARIE'S ADMINISTRATIVE SOLUTIONS, LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STINAMARIE'S ADMINISTRATIVE SOLUTIONS, 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

tpbeck@scavosconsulting.com

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

For further information concerning this matter, please call:

Imelda Vasquez

323 962-8600 ext 7950
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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☐ \$60.00 Filing Fee,
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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**

FILED
2015 AUG 28 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STINAMARIE'S ADMINISTRATIVE SOLUTIONS, 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 07/20/2015 and assigned
Florida document number L15000123705.

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 end with 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

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	CHRISTINA M. ELWE	13720 OLD ST. AUGUSTINE RD., STE. 8-209	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Remove
AMBR	CHRISTINA M. ELWE	13720 OLD ST. AUGUSTINE RD., STE. 8-209	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Remove
MGR	CHRISTINA M. ELWELL	13720 OLD ST. AUGUSTINE RD., STE. 8-209	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32258	<input type="checkbox"/> Remove
AMBR	CHRISTINA M. ELWELL	13720 OLD ST. AUGUSTINE RD., STE. 8-209	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32258	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

August 22, 2015

Signature of a member or authorized representative of a member

Christina Marie Elwell

Typed or printed name of signer

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Filing Fee: \$25.00

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2015 AUG 28 AM 9:45
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TALLAHASSEE, FLORIDA