# L15000134573

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## FLORIDA DEPARTMENT OF STATERY OF STATE Division of Corporations, LLAMASSEE, FLORIDA

August 20, 2015

BRETT MAIDEN 8353 MARSALA WAY BOYNTON BEACH, FL 33472

SUBJECT: STASHLIWARE, LLC Ref. Number: L15000124573

We have received your document for STASHLIWARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 trys by your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cattle (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 915A00017610

#### **COVER LETTER**

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TO:

**Registration Section** 

Division of C	Corporations			
Stashliw SUBJECT:	are LLC			
SUBJECT:	Name of Lim	aited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	Brett Maiden			
		Name of Person	**************************************	
	Stashliware LLC			
	<del>-</del>	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		Address		
		City/State and Zip Code	SECR	2015 AUG 31
For further information	E-mail address: ( n concerning this matter, please c	to be used for future annual report notifi all:	cation) HASSEE	T T
Brett Maiden		561 6540704 at ( )	JF ST	ت ت
Nam	e of Person		Telephone Number	_ - }
Enclosed is a check fo	r the following amount:			
<b>■</b> \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status &

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

Stashliware LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our relationships (I Liability Company)	ecords.)
ne Articles of Organization for this Limited Liability Companorida document number L15000124573	y were filed on 7/21/2015	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
e new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
rincipal office address MUST BE A STREET ADDRESS)		
		74.5. EC
nter new mailing address, if applicable:		ARE TO ALL
Mailing address MAY BE A POST OFFICE BOX)		31 ARY SSE
		STA LOR
. If amending the registered agent and/or registered		cords, enter the name of the
egistered agent and/or the new registered office address he	ere:	>> <u>1-</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	uddress
		, Florida
	City	Zin 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>	Address	Type of Action
MGR	Brett Maiden	8353 marsala way,Boynton beach FL 33472	■ Add
			Remove
		•	Change
AMBR	Abhijeet Rai	15218 E pond woods Dr Tampa FL 33618	Add
		<del></del>	Remove
			Change
AMBR	Melvin Alfaro	1141 24th ave NE Naples FL 3412 <b>0</b>	🖬 Add
		SECHE PALLAH	Remove
		AHETARY HASSEE	Change
		DA A	Remove
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fective date, if other than the d	ate of filing:		(o	ptional	)	
an effective date is listed, the date must be to the date inserted in this bloom	k does not meet the app	licable statutory fili	more than 90 days a ng requirements,	ifter filing this date	g.) Pursuan will not	t to 605.02 be listed
ocument's effective date on the Dep	artment of State's recor	ds.				
record specifies a delayed	effective date but i	not an effective	time at 12:0	1 a m	on the	earlier
The 90th day after the recor	d is filed.	not all circulte	time, de 12.0	1 u.iii.	OIT CITE	Carrici
august 5th	2015					
ated		·				
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S	ignature of a member or au	ithorized representativ	e of a member			

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Filing Fee: \$25.00