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(Requestor's Name)

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(Business Entity Name)

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2016 JUN 30 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL -1 -

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STENTON CONSULTING, 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:

JACQUELINE DURHAM, ESQ.

Name of Person

KOONTZ & ASSOCIATES, PL

Firm/Company

1613 FRUITVILLE ROAD

Address

SARASOTA, FLORIDA 34236

City/State and Zip Code

bergblind@miranda.is

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

For further information concerning this matter, please call:

Jacqueline Durham

941 225-2615
at ()

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

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SECRETARY
ATTORNEY

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
and assigned

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	Stenton Consulting (Malta) Ltd	Suite 3, Tower Business Center	<input type="checkbox"/> Add
		Tower St. Swatar	<input checked="" type="checkbox"/> Remove
		Birkirkara Bkr, Malta, 4013 MA	<input type="checkbox"/> Change
MGR	Berglind Jonsdottir	Kornakur 4	<input checked="" type="checkbox"/> Add
		210 Gardabaer, Iceland	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[Handwritten signature]

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

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TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Sacramento, Jan 29, 2016

Berglund B. Jomdöth
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Berglind Jonsdottir, as Manager

Typed or printed name of signee