15000190497

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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77 APR 21 PH 12: 06

SECRETARY OF STATE
TANDAMISSEE, FLORID:

D. SCOTT APR 2 4 2017



March 9, 2017

BENJAMIN LOHR 4936 LAKE SHAOR DR ORLANDO, FL 32817

SUBJECT: STABEAN LLC Ref. Number: L15000190497

We have received your document for STABEAN LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Section 605.0203(1), 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 days or your filing will be considered abandoned.

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

Dionne M Scott Regulatory Specialist II

Letter Number: 717A00004561

SECNERAL ANTI: 86

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SECRETARY OF STATE SHIP MIXSSEE, FLORDA

COVER LETTER

	istration Sec sion of Corp				
	STABEAN I	LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		BENJAMIN LOHR			
			Name of Person		
			Firm/Company		
4936 LAKE SHARP DR					
			Address		
		Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: BENJAMIN LOHR Name of Person Firm/Company 4936 LAKE SHARP DR Address ORLANDO, FL 32817 City/State and Zip Code BENNYLOHR@COMCAST.NET E-mail address: (to be used for future annual report notification) ancerning this matter, please call:			
		BENNYLOHR@COMCAS	•		75 T
		E-mail address: (t	to be used for future annual report notifica	ation)	E T
For further in	formation co	ncerning this matter, please ca	all:		影之
BENJAMIN			at ()		
	Name of	Person	Area Code Daytime T	'elephone Number	STATE STATE STATE
Enclosed is a	check for the	e following amount:			
☑ \$25.00 Fi	iling Fee	_	Certified Copy	Certificate Certified (e of Status & Copy

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**

STABEAN LLC

The new name must be distinguishable and contain the words "Limited Liability Company,	ny here:	and assigned
A. If amending name, enter the new name of the limited liability company. The new name must be distinguishable and contain the words "Limited Liability Company,		
A. If amending name, enter the new name of the limited liability comparation of the new name must be distinguishable and contain the words "Limited Liability Company," Enter new principal offices address, if applicable:		
	" the decignation "I I C"	
Enter new principal offices address if applicables	the designation LLC	or the abbreviation "L.L.C."
Enter new principal offices address, it 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	er Florida street address	FILED APR 21 PH 12: 0 ECRETAS OF TATE LLANDASSEE, FLORIU
City	, Flor	ida

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, <u>enter the title, name, and address of each person being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
AMBR	BENJAMIN R LOHR	4936 LAKE SHARP DR	□ Add
		ORLANDO, FL 32817	_ ☑ Remove
AMBR	ANNA D LOHR	4936 LAKE SHARP DR	Add
		ORLANDO, FL 32817	☑ Remove
			□ Change
AMBR	Benjamin Randolph Lohr and Anna Catherine Davich Lohr,	4936 LAKE SHARP DR	
	Trustees, or their Successors in interest, of the Berjamin and	ORLANDO, FL 32817	□ Remove
	Anna Lohr Living Trust dated November 25, 2015, and any		Change
	amendments thereto.		Add
			☐ Remove
			□-Ghange
			ARIO ARIO FILE SERVED Remove
			Remove STA Charge
			Add
			Remove
			☐ Change

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D. If an	nending any other informatio	on, enter change(s) here:	(Attach additional she	ets, if necessary.)	
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				F.G. 5.	
17 17 00	ativo data if athor than the d	ata of filing.		(optional)	E
(If an Not e	ctive date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	e specific and cannot be prior to k does not meet the applica	o date of filing or more than soble statutory filing require	00 days after filing.) Pursuant to:605	ed as the
If the r (b) Th	ecord specifies a delayed one 90th day after the recor	effective date, but not d is filed.	an effective time, a	t 12:01 a.m. on the earli	er of:
Date	FERBUARY 10	2017			
Date	- 33	h(
	S	gnature of a member or author	rized representative of a men	nber	
	BENJAMIN LOHR				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00