

L600011584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

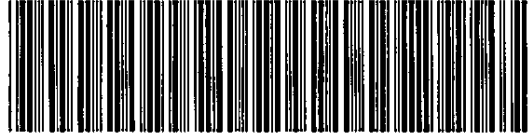
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TALLAHASSEE, FLORIDA
16 JUL 13 PM 3:27

AUG 01 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 AUG -1 PM 3:40

TALLAHASSEE, FLORIDA

July 14, 2016

RICHARD MASON
STINGRAY COMMUNICATION SERVICES LLC
550 MERAVAN DRIVE
PALM HARBOR, FL 34683

SUBJECT: STINGRAY COMMUNICATION SERVICES LLC
Ref. Number: L16000011584

We have received your document for STINGRAY COMMUNICATION SERVICES 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):

PAGE 1 MISSING

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 316A00014755

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stingray Communication Services 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:

Richard Mason
Name of Person
Stingray Communication Services LLC
Firm/Company
550 Meridian Dr
Address
Palm Harbor Florida 34683
City/State and Zip Code
Stingraycommunications@yahoo.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Richard Mason at (727) 692-3390
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 7-8-16 and assigned Florida document number 616000011584.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Stingray Communication Services LLC

The new name must be distinguishable and contain 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)

Richard Mason 10 JUL 2016 3 PM 3:27
550 Meravan Dr
Palm Harbor FL 34683

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SECRETARY OF
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

550 Meravan Dr
Palm Harbor FL
34683

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

Florida

City

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 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	Address	Type of Action
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MGR	Jerry Clementi	3606 Carrollwood Place	☐ Add
		21011 14th Ave, Ft. Lauderdale	☒ Remove

			☐ Change
MGR	Jerry Clementi	1535 CLUB Drive	☐ Add
		Tarpon Springs, FL 34689	☒ Remove

			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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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 7-8-2016, 2016

Byrd Mason

Signature of a member or authorized representative of a member

Richard Mason

Typed or printed name of signee