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COVER LETTER

TO:	Registration Sec Division of Corp				
CT: 10 1 1 1 1		erprises LLC			
SUBJEC	J1:	Name of Lin	nited Liability Company		
The encl	osed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspor	ndence concerning this matter	to the following:		
		Roland Paquin			
		·	Name of Person		
		Stinger Enterprises LLC			دہ
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
1520 S Powerline Road, S			iuite C		
			Address		
		Deerfield Beach, FL 3344	2-8100		12 • #
			City/State and Zip Code		
	÷		•	ification)	•
For furth	· · · er information co	neerning this matter, please c	·		
Roland	, Paquin		561 274-0848		
	Name of	Person	Name of Person ises LLC Firm Company ne Road, Suite C Address n. FL 33442-8100 City/State and Zip Code neomponents.com ill address: (to be used for future annual report notification) er, please call: 561 274-0848 at (
Enclosed	l is a check for the	e following amount:			
■ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certifica Certified	ite of Status & I Copy
	Mailing Adoress Registration Solution of Co P.O. Box 6327 Tallahassee, F	ection orporations	Registration Se Division of Cor The Centre of T	rporations [allahassee e Street, Suite 8	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Con</u> (A Florida Limit	працу as it now appears on our record ed Liability Company)	<u>ls,</u>)
he Articles of Organization for this Limited Liability Compa	ny were filed on 01/26/2016	and assigned
orida document number L16000016524		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
nter new mailing address, if applicable:	 	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
	o address on our records, anter	the name of the new regist
, , ,	te address on our records. enter	
, , , , , , , , , , , , , , , , , , ,	e address on our records. <u>Circi</u>	
, , , , , , , , , , , , , , , , , , ,		
Name of New Registered Agent:		
tent and/or the new registered office address here:	Enter Florida street addre	
•	Enter Florida street addre.	

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
Ambr	Helene Girard	1511 West Terra Mar Drive	■Add
		Lauderdale By the Sea, FL 33062	□ Remove
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			□ Change.
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ective date, if other than the date of effective date is listed, the date must be spe-	cific and cannot be prior t	o date of fitting of inforc dis		.) ruisuain to 605.020
e: If the date inserted in this block document's effective date on the Department		ble statutory filing requ	iirements, this date	will not be listed a
cord specifies a delayed effective date. i filed.	but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) Th	ne 90th day after the
ed April 25	2024	_ ·		
1-18	N.			
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