

L16000029166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

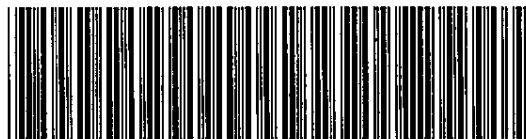
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200282620772

03/04/16--01017--010 \*\*25.00

2016 MAR -4 A 11: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAR 07 2016

S MASON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Stephanie Rao 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:

Stephanie Delgado

Name of Person

Stephanie Rao LLC

Firm/Company

7950 NE Bayshore Ct. Apt 1503

Address

Miami FL

City/State and Zip Code

stephanie.rao91@gmail.com

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

For further information concerning this matter, please call:

Stephanie Delgado

305 7640336

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

**TO  
ARTICLES OF ORGANIZATION  
OF**

Stephanie Rao LLC

(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 March 3 2016 and assigned  
Florida document number L16000029166

FILED  
2016 MAR -4 A 11:22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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:**

7950 NE BayShore Ct. Apt 1503 Miami Fl 33138

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

7950 NE BayShore Ct. Apt 1503 Miami Fl 33138

**(Mailing address MAY BE A POST OFFICE BOX)**

**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: Stephanie Delgado

New Registered Office Address: 7950 NE BayShore Ct. Apt 1503

*Enter Florida street address*

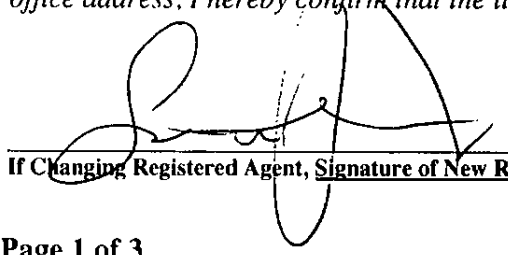
Miami, Florida 33138

*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

**MGR = Manager**  
**AMBR = Authorized Member**

**FILED**

☐ Change  
☐ Add  
☒ Remove

2016 MAR - 41 A 11 22

CLERK OF THE COURT  
JUDICIAL DISTRICT OF FLORIDA  
TALLAHASSEE, FLORIDA

Hello, I am concerned with the email that is connected with these documents if we can please make the change to my new email stephanie.rao91@gmail.com Thank you.

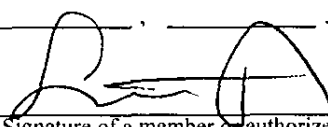
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 March. 3 2016

  
Signature of a member or authorized representative of a member

Stephanie Delgado

Typed or printed name of signer

**FILED**  
2016 MAR -14 A 11: 22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA