

L160000 44949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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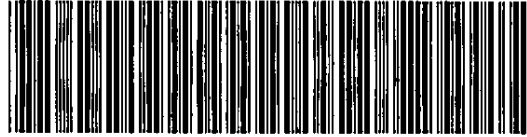
(Business Entity Name)

(Document Number)

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06/14/16--01033--008 **25.00

FILED
16 JUN 13 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 JUN 13 PM 1:19
TALLAHASSEE, FLORIDA

JUN 15 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SFK Multiple 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:

Stacey S. Delva
Name of Person

SFK Multiple Services LLC
Firm/Company

214 Emerson Dr NW Suite 3
Address

Palm Bay, FL 32907
City/State and Zip Code

MultipleServices2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey S. Delva at (381) 576-0460
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**

SFK Multiple Services 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, 16 and assigned Florida document number L16000044949

This amendment is submitted to amend the following:

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

SFK Multiple 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)

214 EMERSON DR NW SUITE 3
Palm Bay, FL 32907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 111516
Palm Bay, FL 32911

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:

Stacey S. Delva

New Registered Office Address:

214 EMERSON DR NW Suite 3

Enter Florida street address

Palm Bay, Florida 32909

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

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16 MAR 13 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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>
MGR	Stacey S. Della	214 Emerson Dr, NW	<input checked="" type="checkbox"/> Add
		Palm Bay, FL 32907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FL 32304
JUL 13 2010

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

The amending is only For adding
Authorized Person Name, The Bank
Won't open a bank Account without
Authorized Person Name.

Also the Mailing Address is:

P.O. Box 111516

Palm Bay, FL 32911

Please, remove 5800 Wood Lake Drive
APT 102

I have not ever put this address on
my application. I don't know where this
address came from, please remove it for
me. Besides that everything on my
certificate is fine the way they are.

Thank you

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

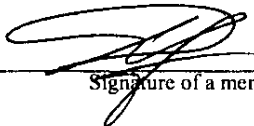
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 6-9-2016, _____



Signature of a member or authorized representative of a member

Stacey S. Delva

Typed or printed name of signee