

L16000069735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED
16 DEC 22 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2016

STAPLETON CUSTOM HOMES, LLC
DAVID STAPLETON
9297 SE SHARON ST.
HOBE SOUND, FL 33455

SUBJECT: STAPLETON CUSTOM HOMES, LLC
Ref. Number: L16000069735

RECEIVED
2016 DEC 20 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for STAPLETON CUSTOM HOMES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P03000051001 "SAILFISH CONSTRUCTION, INC.".

*See attached change to
Sailfish Custom Homes, LLC*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stapleton Custom Homes, 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:

David Stapleton

Name of Person

Stapleton Custom Homes, LLC

Firm/Company

9297 SE Sharon Street

Address

Hobe Sound, Florida 33455

City/State and Zip Code

dvdstpltn@aol.com

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

For further information concerning this matter, please call:

Ruthie Clemente

772 485-0959
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stapleton Custom Homes, 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 April 5, 2016 and assigned
Florida document number L16000069735.

This amendment is submitted to amend the following:

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

~~Stapleton Construction, LLC~~

Sealfish Custom Homes, 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)

9297 SE Sharon Street

Hobe Sound, Florida 33455

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9297 SE Sharon Street

Hobe Sound, Florida 33455

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TALLAHASSEE, FLORIDA

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

City, Florida

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
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SECRETARY OF STATE
ITALY, AHASSE, FLORIDA

16 DEC 22 AM 9:26
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ITAL. AMASSEE. FLORIDA

100

Filing Fee: \$25.00