

L16000085836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STILLWATERS HOME 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:

NWABUFO C. CHIDOLUE
Name of Person

STILLWATERS HOME LLC
Firm/Company

5026 5TH AVENUE SOUTH
Address

SAINT PETERSBURG FL. 33707
City/State and Zip Code

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

For further information concerning this matter, please call:

NWABUFO C. CHIDOLUE at (281) 683 7071
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

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17 JAN 17 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

STILLWATERS HOME 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 05/02/2016 and assigned
Florida document number L16000085836.

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:

(Principal office address MUST BE A STREET ADDRESS)

5026 5th Avenue SOUTH
ST. PETERSBURG, FL. 33707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5026 5th Avenue SOUTH
ST. PETERSBURG, FL. 33707

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:

CHIDOLUE Nwabufo C

New Registered Office Address:

5026 5TH AVENUE SOUTH

Enter Florida street address

ST. PETERSBURG, Florida

City

Zip Code

33707

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>
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MGR	SORONEN DANIEL P.	5026 5TH AVENUE SOUTH PETERSBURG FL 33707	Add
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☐ Remove

☐ Change

MGR	SAMS WILLIE	200 S. ARCTURAS AVE. CLEARWATER FL. 33765	Add
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☒ Remove

☐ Change

MGR	SORONEN DANIEL P	5026 5TH AVENUE SOUTH ST. PETERSBURG FLORIDA 33707	Add
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☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

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☐ Remove

☐ Change

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

REMOVED MGR: SAMS WILLIE

ADDED MGR: SORONEN DANIEL P

#5026 5TH AVENUE SOUTH ST. PETERSBURG
FL. 33707

Changed MAILING ADDRESS, PRINCIPAL OFFICE ADDRESS
AND REGISTERED OFFICE ADDRESS TO

#5026 5TH AVENUE SOUTH ST. PETERSBURG
FL. 33707

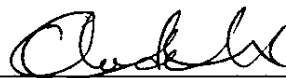
E. Effective date, if other than the date of filing: _____ (optional)

(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 _____, _____.



Signature of a member or authorized representative of a member

NWABUFO CHINEDU CHIDOLUE

Typed or printed name of signee

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TALLAHASSEE, FLORIDA