

L 16 000 169952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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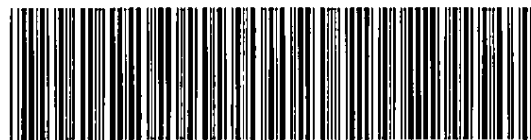
(Business Entity Name)

(Document Number)

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*Handwritten signature*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STESSO, 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:

CESARINA LUGO

\_\_\_\_\_  
Name of Person

EAGLE CORPORATE SERVICES

\_\_\_\_\_  
Firm/Company

444 BRICKELL AVE. STE P-41

\_\_\_\_\_  
Address

MIAMI, FL 33131

\_\_\_\_\_  
City/State and Zip Code

CORPORATE@EAGLEINCORP.COM

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

For further information concerning this matter, please call:

CESARINA LUGO

305 4320960

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**

STESSO, 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 09/12/2016 and assigned  
Florida document number L16000169952

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:**

3090 N Course Dr Apt 812, Pompano Beach, FL 33069

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

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

3090 N Course Dr Apt 812, Pompano Beach, FL 33069

**(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:

JOSE A. BRITO

New Registered Office Address:

3090 N Course Dr Apt 812

*Enter Florida street address*

POMPANO BEACH

Florida 33069

*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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
M R	MAYAUDON, MANUELA, Sr.	17707 RIDGEWAY POINT PL TAMPA, FL 33647	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MUNETON, MIGUELA, Sr.	17707 RIDGEWAY POINT PL TAMPA, FL 33647	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PESCOSO, GERARDO	3090 N Course Dr Apt 812. Pompano Beach, FL. 33069	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		(modify name, delete Sr.)	
			<input checked="" type="checkbox"/> Change
MGR	BRITO, JOSE A	3090 N Course Dr Apt 812. Pompano Beach, FL. 33069	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		(modify name, delete Sr.)	
			<input checked="" type="checkbox"/> Change
MGR	DAHER, ANTONIO G	3090 N Course Dr Apt 812. Pompano Beach, FL. 33069	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member