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COVER LETTER

Division of Corporations		
SUBJECT: Darry Stiner UC 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:	2016 NOV -1 PM 3: 55 SECRE FARY OF STATE TALLAHASSEE, FLORIDA	
Darry Stiner Name of Person	M 3: 55 FLORIDA	Ţ
Darryl St.ner 1/c Firm/Company		
21660 Br. xham run loop Address		
Estero, Fl 33928 City/State and Zip Code		
Darry Stines a yahoo. com (Finail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Darry 1 & Jacqueline Stine at (239) 738 0038 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified (e of Status &	
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		



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2016

DARRYL L STINER 21660 BRIXHAM RUN LOOP ESTERO, FL 33928

SUBJECT: DARRYL STINER LLC Ref. Number: L16000173342

We have received your document for DARRYL STINER LLC and your checes, totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00021809

added title thak you

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Darry Stiner	LLC			
(Name of the Limited Liabili (A Florida	la Limited Li	iy as it now appears on o iability Company)	ur records.)	
The Articles of Organization for this Limited Liability C	Company v	were filed on $\frac{9}{16}$	12016	and assigned
This amendment is submitted to amend the following:				
${f A}_{m {m {\mathcal F}}}$ If amending name, <u>enter the new name of the lim</u>	nited liabil	lity company here:		
Cheer as same Darryl The new name must be distinguishable and contain the words "En	1 <u>21. næ</u> nited Liabili	ty Company," the designal	ion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		(Keep as	``	
(Principal office address MUST BE A STREET ADDI	RESS)	21660		500 LOOP
		Estero		
	,	·		<u> </u>
Enter new mailing address, if applicable:				1 2 2
Mailing address MAY BE A POST OFFICE BOX)				230
				410: 2:
B. If amending the registered agent and/or registered agent and/or the new registered office add			records, ente	N 7.
Name of New Registered Agent:	Darr	y1 Stiner		
New Registered Office Address:	660 K	31 Stines 30 xhun son Enter Florida str	100P eet address	
·	Este	<u>^</u> 0	, Florida _	33128 Zip Code
		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

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>Náme</u> <u>Title</u> <u>Address</u> **Type of Action** ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Add _□ Remove □∰hange Remov Change _□ Add ☐ Remove

_□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	, , , , , , , , , , , , , , , , , , ,	
	4. Only a service	
		,
(If an el <u>Note:</u> docur	tive date, if other than the date of filing: [Coptional] [Sective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the nent's effective date on the Department of State's records. Cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier spoth day after the record is filed.	ed as the
	\	
Dated	oct. 2016.	
	Signature of a member or authorized representative of a member	*//. :/::
	Darry Stine Sacqueline Stiner Typed or printed name of signee	
	Page 3 of 3	(2) 전설 (2)

Filing Fee: \$25.00