11700006307

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(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			•		
CITE I		EST FLORIDA PADDLE L.L	.C.			
SUBJECT: Name of Limited Liability Company						
The er	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		John Abbott				
			Name of Person			
			Firm/Company			
		218 SE 2nd St				
			Address			
		Cape Coral, FL 33990				
		johnabbott72@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)		
For fu	rther information co	oncerning this matter, please ca	all:			
John /	Abbott		262 865-7995 at ()			
	Name of	Person	Area Code Daytime	: Telephone Number		
Enclos	sed is a check for th	e following amount:				
□ \$ 2	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:

TO:

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

SOUTH WEST FLORIDA PADDLE L.L.C.	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number £17000006307	ed on 1/9/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany here:
STAINLESS DESIGNER L.L.C.	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	and the second s
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address here:	dress on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Plantila.

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Max $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			Remove
			☐ Change
			Add ☐ Remove
	 		Change Change
			Remove □ Change
			□ Add
			☐ Remove
		 <u>-</u>	Change
			☐ Remove
			Change

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Effective date, if other than the date of filing:	date of filing or more than 90 days after filing) Pursuant to 605 0207 (3
Note: If the date inserted in this block does not meet the applicabl document's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated,	
A	
John Mellette Signature of a member or authorize	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00