

L17 000029150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

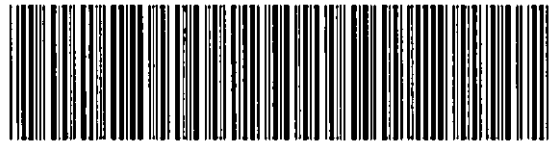
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL  
SECRETARY OF STATE

D BRUCE  
OCT 28 2020

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Stay Head Strong 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:

Chelsey Vidot

Name of Person

Stay Head Strong LLC

Firm/Company

1025 Gateway Blvd Suite 303-131

Address

Boynton Beach, Florida 33436

City/State and Zip Code

ckvidot@gmail.com

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

For further information concerning this matter, please call:

Chelsey Vidot

561

484-3517

at (Area Code)

Daytime Telephone Number

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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## Stay Head Strong I.L.C

**If Changing Registered Agent, Signature of New Registered Agent**

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2000

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>                   |
|--------------|---------------|---------------------------------|---|
| MGR          | Chelsey Vidot | 1025 Gateway Blvd suite 303-131 | <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         |
|              |               |                                 | <input type="checkbox"/> Add            |
|              |               |                                 | <input type="checkbox"/> Remove         |
|              |               |                                 | <input type="checkbox"/> Change         |
|              |               |                                 | <input type="checkbox"/> Add            |
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|              |               |                                 | <input type="checkbox"/> Change         |
|              |               |                                 | <input type="checkbox"/> Add            |
|              |               |                                 | <input type="checkbox"/> Remove         |
|              |               |                                 | <input type="checkbox"/> Change         |
|              |               |                                 | <input type="checkbox"/> Add            |
|              |               |                                 | <input type="checkbox"/> Remove         |
|              |               |                                 | <input type="checkbox"/> Change         |

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END

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

I need to change the title of owner from CEO to MGR for banking purposes. The address of the company

has an incorrect suite number there for having to change address to 1025 Gateway Blvd suite 303-131

Boynton Beach FL, 33436.

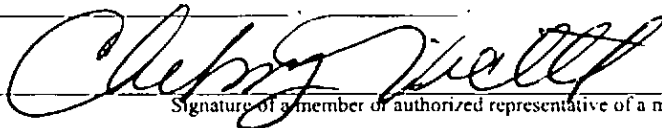
**E. Effective date, if other than the date of filing:** 08/01/2020 **(optional)**

(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 September 16th 2020



Signature of a member or authorized representative of a member

Chelsey Vidot

Typed or printed name of signee

**Filing Fee: \$25.00**

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