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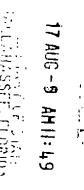
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT:	tage Me (U SSY LL aited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:		2017 SEC ALL	
	Thereso	(Ceglio		JUL 24	RECEIVE
	S-l-age	Name of Person Me Classi		AM II: SI	Vin
	4154	Firm/Company LONICETOL Address	Loop	· · · · · · · · · · · · · · · · · · ·	
	Jackso Stager	NVILE FL City/State and Zip Code NCC ASSY (Q)	32259 mail.com	- 1	
		to be used for future annual rep	ort notification)		
For further information cor	ncerning this matter, please ca	all:			
Name of F	Person	at () 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 enclose	d) Certified	ite 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



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stage Me	Classi	1, LL	_(_			
(Name of the Limited (A	Liability Company Florida Limited Eial	as it now appea bility Company)	rs on our records	.)		
The Articles of Organization for this Limited Liab	ility Company w	ere filed on _(april 2	1,3017a	nd assig	zned zned
This amendment is submitted to amend the follow	ing:					
A. If amending name, <u>enter the new name of t</u>	ne limited liabilit	ty company h	ere:			
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the	designation "L.L.C"	or the abbreviat	ion "L.L.	.C."
Enter new principal offices address, if applicab	le:					
(Principal office address MUST BE A STREET)	ADDRESS)			<u>.</u>		
Enter new mailing address, if applicable:					17 AUG	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	tin	1 - 1 -		
	-				*	
B. If amending the registered agent and/or registered agent and/or the new registered office	~	e address of	n our records,	enter the n	ame of	f-the new
Name of New Registered Agent:	There	sa C	eglio	· · ·		
New Registered Office Address:						
		Enter Flo	rida street address	- · · · <u>-</u>		the new
			, Flor	rida		
		Citv		Zin	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

f 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 = Au	thorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Theresa (églio	4156 Lonicera Loop Jacksonville, FL 300	Add
			Z_ LI Remove
			Change
<u>IMBR</u>	Stephen Ceglio	Jacksonville, FL 32	PoAdd
	,	Jacksonville, FL 32	250 Remove
			Change
			🗆 Add
			Remove
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Page 3 of 3

Filing Fee: \$25.00



July 27, 2017

STAGE ME CLASSY, LLC ATTN: THERESA CEGLIO 4156 LONICERA LOOP JACKSONVILLE, FL 32259

SUBJECT: STAGE ME CLASSY, LLC

Ref. Number: L17000088835

We have received your document for STAGE ME CLASSY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Letter Number: 617A00015229

Michelle Milligan Senior Section Administrator