

L17000088835

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 10 2017

Y SULKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stage Me Classy, 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:

Theresa Caglio  
Name of Person  
Stage Me Classy  
Firm/Company  
4156 Lonicera Loop  
Address  
Jacksonville, FL 32259  
City/State and Zip Code  
Stagemeclassy@gmail.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
2017 JUL 24 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

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

NO \$

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Stage Me Classy, 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 April 21, 2017 and assigned  
Florida document number L170000888.35

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:**

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

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

**(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:

Theresa Ceglio

New Registered Office Address:

Enter Florida street address

, Florida

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.*

Theresa Ceglio

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



17 AUG-9 AM 11:49  
STATION  
FLORIDA

17 AUG-9 AM 11:49  
SSE. FLORIDA

**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.

(b) The 90th day after the record is filed.

Dated July 20, 2017

Signature of a member

Signature of a member or authorized representative of a member

Theresa Caglio  
Typed or printed name of signer

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 617A00015229