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Office Use Only



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N. CAUSSEAUX JUN 1 6 2017

COVER LETTER

SUBJECT:	stacy	11 220	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	l l	Name of Person	
		Name of Person	
		Stacy IT LL	: 2
		Firm/Company	
	643	6 Shoveline Dr Address	ive
		Address	
	Saint	Cloud FL 39	7771
	bstacy	Cloud FL 39 City/State and Zip Code Stacyit.com to be used for future annual report notifi	-
For further information c	oncerning this matter, please co		cation)
		at (<u>407</u>) <u>957</u> -	6991
Nате о	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
5. \$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

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

stacyIT	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{5/11/2017}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company "the designation "L1 C" or the abb	reviation "L 1 C "
Enter new principal offices address, if applicable:	my company, the designation 12.5. of the abo	N S
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Mailing address MAY BE A POST OFFICE BOX)		- 13-5
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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

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 **Type of Action** Address Name Title MGA Brian S. Stacy 6436 Shoreline Dr. MANDE Saint Cloud, FL 34771 - Remove ☐ Change MGR Patricia Ann Stacy 6436 Shoreline Dr. MAdd Saint Cloud FL 34771 Remove ☐ Change □ Add nge ☐ Remove ☐ Change □ Remove __ 🗆 Change _____ 🗆 Add □ Remove

☐ Change

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ctiv	re date, if other than the date of filing:(optional)
ะกิง e: T	ctive 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
	nt's effective date on the Department of State's records.
eco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
ne s	90th day after the record is filed.
ed	5/25/2017
_	10 2 21
	1 July
	Signature of a member or authorized representative of a member Drian 5. 5 tacy Typed or printed name of signee
	,

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Filing Fee: \$25.00