L17000118986

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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Jennifer	Stames LL	_ C.	
SUBJECT.	Name of Lim	Stamey LL ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Adam	Brent Stam Name of Person	sey	
	Jenn	Firm/Company	LLC	
	510	Ave C SE		
		Haven, FL City/State and Zap Code		
the off of the form		Tonni Cor Stamey @ to be used for future annual r	report notification)	
A	oneerning this matter, please co			
Adam B. Name o	Staney Person	at (<u>352</u>) Area Code	942. 7922 Daytime Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25,00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	□ \$55 00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Sta	nus &
Mailing Addres Registration S Division of C	Section	-	Idress: ution Section 1 of Corporations	
P.O. Box 632 Tallahassee. I	7	The Cen	ntre of Tallahassee Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Staney LLC
(<u>Name of the Limited Lia</u> (A Fle	bility Company as it now appears on our records.) orda Limited Liability Company)
The Articles of Organization for this Limited Liabilit Florida document number <u>L. 1.70001189</u> This amendment is submitted to amend the following A. If amending name, enter the new name of the land	
•	
The new name must be distinguishable and contain the words."	Limited Liability Company." the designation "L.I.C." or the abbreviation "L.I.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	510 Ave C SE Winter Haven, FL 33880
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registered</u> e:
Name of New Registered Agent:	
New Registered Office Address:	510 Ave C SE Enter Florida street address Whater Haven Florida 33880 City Zip Code
	Whater Haven Florida 33880
	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

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

No Changes

<u>Title</u>	<u>Name</u>	Address	Type of Action
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record d is fil		a delayed effect	ive date, but no	t an effectiv	ve time, at 1	2:01 a.m.	on the earlic	rof;(b) The	90th day after the
Dated _.	Sep	tember	30+4	. 202	<u> </u>				
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			_/						
		/	Signature of a	member or a	milionized (c)	oresentativ	e of a member		

THE PARTOR