

L17000151596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800303807968

09/25/17--01010--024 \*\*25.00

FILED  
17 SEP 25 AM 7:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 26 2017

J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE STEALTH FIRM 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:

TALIA ENZER  
Name of Person

THE STEALTH FIRM LLC  
Firm/Company

11022 LEGACY DRIVE STE. 306  
Address

PAIM BEACH GARDENS, FL 33410  
City/State and Zip Code

TALIA@THESTEALTHFIRM.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUTE FABELLO at (561) 718-9690  
Name of Person 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

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

THE STEALTH FIRM, 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 7/14/17 and assigned  
Florida document number L17000151596

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)

804 US HWY 1 Suite 4  
LAKE PARK, FLORIDA  
33403

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

THE STEALTH FIRM LLC  
PO BOX 642  
PALM BEACH, FL 33480

**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:

TALIA ENZER

New Registered Office Address:

11022 LEGACY DRIVE Suite 306

Enter Florida street address

Palm Beach Gardens FL 33410

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.

Terry Kennington  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PATRICIA PITTS	P.O. Box 642 Palm Beach, Fl 33480	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	KERRY KENSINGTON	300 GOLFVIEW RD. NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	TAHIA ENZER	(NAME CHANGE) 11022 LEGACY DRIVE Ste 306 Palm Beach Gardens, Fl 33410	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" 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 <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

17 SEP 25 AM 7:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 SEP 25 AM 7:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

70

(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.

Dated September 20, 2017

Kerry Livingston  
Signature of a member or authorized representative of a member

KERRY KENSINGTON  
Typed or printed name of signee