

L17000248437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

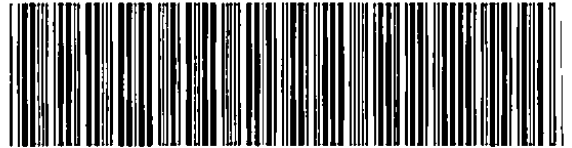
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700353011377

11/18/20--01027--022 ++25.

FILED
2020 NOV 16 AM 11:00

12/18/20
SA

TO: Registration Section
Division of Corporations

SUBJECT: Florida Stairlift Guys, 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:

Jamie Davis
Name of Person

Florida Stairlift Guys, LLC.
Firm/Company

6329 Bikini Rd.
Address

Sarasota, FL 34203
City/State and Zip Code

info@floridastairliftguys.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Davis at (941) 320-3492
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

Florida Stair Lift Guys, 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 Dec. 5, 2017 and assigned Florida document number L1700248437.

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."

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 agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	Philip Philip Baldwin	6329 Bikini Rd.	<input type="checkbox"/> Add
		Sarasota, FL 34241	<input checked="" type="checkbox"/> Remo
			<input type="checkbox"/> Chan
AMBR	Philip T Davis	6284 Wingspan Way	<input type="checkbox"/> Add
		Bradenton, FL 34203	<input checked="" type="checkbox"/> Remo
			<input type="checkbox"/> Chan
MGR	Jamie Davis	6329 Bikini Rd.	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34241	<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang

2020 NOV 16 AM 11:00

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2020 NOV 6 AM 11:00

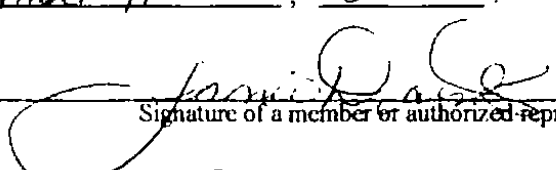
E. Effective date, if other than the date of filing: November 11, 2020 (optional)

(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 605.02

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 11, 2020.


Signature of a member or authorized representative of a member

Jamie Davis

Typed or printed name of signee