

118000114968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

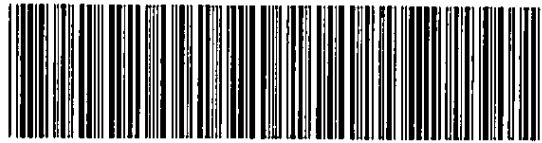
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100320767461

11/19/18--01015--026 **25.00

FILED
2019 DEC 12 AM 9:19
SOUTH CAROLINA
COURT REPORTER

Amend/Name
chg

DEC 14 2018

M. BRITTON

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971). The concentration of chlorophylls was expressed as $\mu\text{g mL}^{-1}$ of the sample.

**TO: Registration Section
Division of Corporations**

SUBJECT: Stern & Williamson Investments 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:

Joseph Stern

Name of Person
Stern & Williamson Investments LLC

	Firm/Company
5866 Deacon Rd.	

Address
Sarasota, FL 34238

City/State and Zip Code

exquisiteautofl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Stern	941	7739500
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2018

JOSEPH STERN
STERN & WILLIAMSON INVESTMENTS LLC
5866 DEACON RD
SARASOTA, FL 34238

SUBJECT: STERN & WILLIAMSON INVESTMENTS LLC
Ref. Number: L18000114968

We have received your document for STERN & WILLIAMSON INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L18000111011 - STERN INVESTMENTS LLC.

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 (888) 245-6050.

Irene Albrighton
Regulatory Specialist II

Letter Number: 718A00024608

RECEIVED
2018 DEC 12 PM 11:58
SECRETARY OF STATE
TALLAHASSEE

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

Stern & Williamson Investments LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2018 DEC 12 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/07/2018 and assigned
Florida document number L18000114968.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~Stern & Williamson Investments LLC.~~ J. Stern Capital Investments, LLC.

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:

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.



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

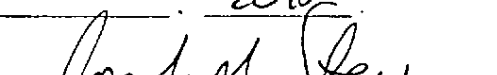
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Denisa Slusarek	4020 Arrow Ave Sarasota, FL 34238	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Shawn Stumpf	8127 Landmark Lane Sarasota, FL 34241	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Ric Gregoria	7032 Hawks Harbor Circle, Bradenton, FL 34207	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Will Bean.	5929 Richard Place. Sarasota, FL 34231	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

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 11/15 2018



Signature of a member or authorized representative of a member

Joseph Stern

Typed or printed name of signee