# L18000228161

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Tallahassee, FL 32314

TO: Registration So Division of Con		en e e e	ŧ	
Stella & B	each, Limited Liability Compa	ny		
SUBJECT:	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:		
	Undine C. George, Esq.			
		Name of Person		
	Anastasia Law, P.L.			
		Firm/Company		
	107 A 11th Street			
		Address		
	St. Augustine, FL 32080			
	undine@anastasialaw.net	City/State and Zip Code		
		to be used for future annual a	report notification)	2 013 1035
For further information c	concerning this matter, please c	all:		A CELE
Deanna Dixon		904 230	5-6243	S SKE
Name e	of Person	Area Code	Daytime Telephone Number	D OF STAT PHIPORAT
Enclosed is a check for 1	he following amount:			TIONS .
■ \$25.00 Filing Fee	Certificate of Status	\$55.00 Filing Fee & Certified Copy Gddtional copy is encl	Certificate of S	tatus &
Registi Divisio	<b>JNG ADDRESS:</b> ration Section on of Corporations ox 6327	Registrati	VCOURIER ADDRESS: fon Section of Corporations uilding	

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stella & Beach, Limited Liability Company

### (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 September 26, 2018 and assigned Florida document number 1.18000228161

This amendment is submitted to amend the following:

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

Stella & Beach, LLC

The new name must be distinguishable and contain the words "I imited Liability Company," the designation "LLC" or the abbreviation "LLC"

### Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		0 VIGION OF C
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our i <u>here</u> :	records, enter the name of the acw
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	1 address

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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
			Q Add
			Remove
			Change
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			Remove
			Change

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

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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 2 < ίV Signature of a member or authorized representative of a member PAUL printed name of signee

Page 3 of 3

Filing Fee: \$25.00