

L190000 36053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

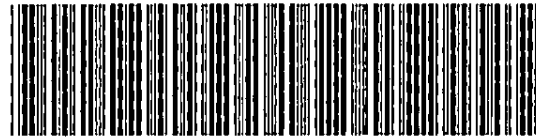
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400351336734

09/02/20--01013--002 **30.00

09/02/20--01013--003 **25.00

FILED
SEP 2 2 09
T. LEMIEUX
OCT 13 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2020

ELIZABETH M GLENN
11 MONROE CREEK DRIVE
MIDWAY, FL 32343

SUBJECT: EVALUATION RESEARCH & COMPLIANCE CONSULTANTS LLC
Ref. Number: L19000036053

We have received your document for EVALUATION RESEARCH & COMPLIANCE CONSULTANTS LLC and check(s) totaling \$60.00. However, your check(s) and document are being returned for the following:

If you want to change the name of your LLC, you will need to complete the enclosed Amendment form and return it to us.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

RUSSELL L HUNT
Regulatory Specialist II

Letter Number: 320A00016133

A refund was request.
My checks were deposited
on 8/25/2020
check # 1968 = \$10.00
check # 1967 = \$50.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stallwart Esteem Management 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:

Elizabeth M. Glenn
Name of Person

Firm/Company

11 Monroe Creek Drive
Address

Midway, FL 32343
City/State and Zip Code

eglenn49@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Glenn
Name of Person

at (850) 228-0816
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

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

Evaluation Research Compliance Consultants, 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 2/5/2019 and assigned
Florida document number L19000036053.

This amendment is submitted to amend the following:

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

Stalwart Esteem Management, 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

[illegible]

[illegible]

(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)

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 8/29/2020, 2020.

Eth Glenn

Signature of a member or authorized representative of a member

Elizabeth Glenn

Typed or printed name of signee

Filing Fee: \$25.00

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Stalwart Esteem Management LLC
Fictitious Name to be Registered (See instructions if name includes a business entity suffix or indicator)
2. 11 Monroe Creek Drive
Mailing Address of Business
Midway Florida 32343
City State Zip Code
3. Florida County of principal place of business: Gadsden
(See instructions if more than one county)
4. FEI Number: 83-3428197

03/20/20 01015- 022 *410 00
03/20/20 01015- 021 *430 00

This space is for office use only
CR4E001 (6/17)

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary)

- | | |
|--|---|
| 1. <u>Glenn</u> <u>Elizabeth</u> <u>M.</u> | 2. <u>Glenn</u> <u>Carlton</u> <u>B.</u> |
| Last First M.I. | Last First M.I. |
| <u>11 Monroe Creek Drive</u> | <u>11 Monroe Creek Drive</u> |
| Address | Address |
| <u>Midway</u> <u>Florida</u> <u>32343</u> | <u>Midway</u> <u>Florida</u> <u>32343</u> |
| City State Zip Code | City State Zip Code |

B. Owner(s) of Fictitious Name If Owner(s): (Use an attachment if necessary)

- | | |
|--|--|
| 2. _____ | 2. _____ |
| Entity Name | Entity Name |
| _____ | _____ |
| Address | Address |
| _____ | _____ |
| City State Zip Code | City State Zip Code |
| Florida Document Number: _____ | Florida Document Number: _____ |
| FEI Number: _____ | FEI Number: _____ |
| <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |

Section 3

I, the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Eth Glenn / Carl Yon 8/17/2020
Signature of Owner in Section 1 Date

eglenn49@yahoo.com
Email Address: (to be used for future renewal notification)

Phone Number: 850-228-0816

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:

FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we), the undersigned, hereby cancel the fictitious name Evaluation Research & Compliance Consultants LLC
which was registered on 2/4/2019 and was assigned registration number L19000036053

Eth Glenn 8/17/2020
Signature of Owner of Registration being Cancelled Date

Carlton B. 8/17/2020
Signature of Owner of Registration being Cancelled Date

Mark the applicable boxes ☒ Certificate of Status- \$10 ☐ Certified Copy- \$30

NON-REFUNDABLE PROCESSING FEE: \$50