L19000 037 079

(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



900334930339

09/30/19--01015--006 **25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

amend/ mame change

D CUENTIS

COVER LETTER

	Registration Se Division of Cor		2			
	Handerafte	ed by Auns LLC				
SUBJEC	T:	Name of the	ited Liability Company			
		Name of Lim	ited Etability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
			Derek Auns			
			Name of Person			
			Stave and Horn			
			Firm/Company			
			3629 Lake Breeze Dr.			
			Address	· · · · · · · · · · · · · · · · · · ·		
			Land O' Lakes, FL 34639			
			City/State and Zip Code Derek@staveandhorn.com			
		E-mail address: (to be used for future annual report notif	ication)		
D 0 .1						
Derek A		oncerning this matter, please ca	813 802-4008			
DCICK A	vuns		at ()		4	7
	Name o	of Person		Telephone Number	S 822 S	ECRETA SION OF
Enclosed	l is a check for t	he following amount:			හි	S250
■ \$25.0	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 Stat Certified Copy (additional copy is end	us జిక్కౌ ట	DE STATE SPORATION

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

TO ARTICLES OF ORGANIZATION OF

Handerafted by Auns LLC						
(Name of the Limite	d Liability Compan A Florida Limited Li	y as it now appears on our ability Company)	records.)			
The Articles of Organization for this Limited Liability Company were filed on				and assigned		
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of Stave and Horn LLC	the limited liabil	<u>ity company here</u> :				
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designation	n "LLC" or the	abbreviat	ion "L.I	C."
Enter new principal offices address, if application	ıbler	3629 Lake Breeze Dr.				
(Principal office address MUST BE A STREE	Land O' Lakes, FL 34639					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3629 Lake Breeze Dr. Land O' Lakes, FL 346	39			
B. If amending the registered agent and/ registered agent and/or the new registered of			ecords, <u>ent</u>	er the r	iame (Eligible
Name of New Registered Agent:	Derek Auns (Sa	ime RA, New Address)			E> 30	<u> </u>
New Registered Office Address:	3629 Lake Breeze Dr.		<u>-</u>	湿	2000 2000 2000	
	Land O' Lakes	Enter Florida stree	, Florida	34639	:: :::	
		City	, FIOLIGA	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>	Type of Action
			Remove
			Change
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
		<u> </u>	□ Change
			□ Remove
			Change
.			
			□ Remove
			☐ Change

. •	
•	
-	
•	
•	
,	
: Life.or	ive date if other than the date of filing: (ontional)
(If an el	ive date, if other than the date of filing:(optional) fective 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
docur	nent's effective date on the Department of State's records.
f the re	cord 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.
	C = 1 1 1 1 1 1 1 1 1 1
Dated	Sept. 27 2019
r,zere c	
	Signature of a member or authorized representative of a member
	\cap I I
	Verele Auns
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00