119000039811

(Red	uestor's Name)	
(Add	iress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	

Office Use Only



300325074333

02/22/19--01010--003 **25.00



C. GOLDEN FEB 2 7 2019

COVER LETTER

•

то:	Registration Se Division of Cor			
eunie		TERPRISES LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	,
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	endence concerning this matter	to the following:	
		Stephanie Pierce		
			Name of Person	
		STOB ENTERPRISES LL	.c	
			Firm/Company	
		1116 Dustin Road		
		<u> </u>	Address	
		North Port, FL 34288		
,			City/State and Zip Code	
		stephhill@hotmail.com		
		E-mail address: (to be used for future annual report n	otification)
For furt	her information c	oncerning this matter, please co	all:	
Stephai	nie Pierce		731 499-2194 at ()	
	Name o	f Person	Area Code Dayt	time Telephone Number
Enclose	d is a check for the	ne 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Con Clifton Building 2661 Executive	porations 3

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 FEB 22 PM 5: 37

STOB ENTERPRISES LLC		1
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	WILL ARES SEE, FL
The Articles of Organization for this Limited Liability Company were for Florida document number $\frac{L19000039811}{L19000039811}$.	iled on February 08, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
SUNCOAST POOP 911 LLC		
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the	ne 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 at registered agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	-	
New Registered Office Address:	Enter Florida street address	
Cit	, Florida ⁿ '	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to a	ct in this capacity. I further	agree to comply with the

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
		 	Add
			Remove
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Add
	·		
			· _ C Remove
			☐ Change
· · · · ·			Add
			Remove
			□ Change

_	
-	
-	
-	
•	
-	
-	
-	
> :	
-	
-	
fan ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	February 19 2019
	Stephanii Pierei
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00