N19000154018

(Req	uestor's Name)	
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COVER LETTER

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CI:		Name of Lim	ited Liability Company		
losed	Articles of z	Amendment and fee(s) are sub	mitted for filing.		
			•		
		Martin Stonesifer			
			Name of Person		
			Firm/Company		
		7643 Gate Pkwy, Ste 104-;	506		
		· ·	Address		
		Jacksonville, Florida 32256			
			City/State and Zip Code		
		- :			
ner in	formation co		·		
Stone	sifer		678 923-8259		
	Name of	Person	Area Code Daytime Telephone	Number	
d is a	check for th	e following amount:			
.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)	
			Street Address: Registration Section		
Div	ision of C	orporations	Division of Corporations		
	Original of the control of the contr	Stonesifer In CT: Stonesifer In CT: osed Articles of zeturn all correspondent all correspondent in a check for the constitution of the constitution of the constitution of City is a check for the c	Name of Lim Osed Articles of Amendment and fee(s) are substant all correspondence concerning this matter Martin Stonesifer Martin Stonesifer Jacksonville, Florida 32256 goff4450@yahoo.com E-mail address: (her information concerning this matter, please contents of Person It is a check for the following amount: O0 Filing Fee \$\square\$\$30.00 Filing Fee & Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Stonesifer Investing, LLC T: Stonesifer Investing, LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. cturn all correspondence concerning this matter to the following: Martin Stonesifer Name of Person Firm/Company 7643 Gate Pkwy. Ste 104-506 Address Jacksonville, Florida 32256 City/State and Zip Code goff4450@yahoo.com E-mail address: (to be used for future annual report notification) ser information concerning this matter, please call: Stonesifer Name of Person Area Code OFiling Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) (Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stonesifer Investing, LLC	hility Compa	ins we it now appears on our	records)
(A Fig.	orida Limited I	iny as it now appears on our Liability Company)	records.
The Articles of Organization for this Limited Liability Florida document number L19000154018	y Company	were filed on 06/11/2019	and assigned
This amendment is submitted to amend the following	ζ:		
A. If amending name, enter the new name of the	limited liab	ility company here:	
STBA Marketing, LLC			
The new name must be distinguishable and contain the words "	Limited Liabil	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7643 Gate Pkwy.	
(Principal office address MUST BE A STREET AL		Suite 104-506	
		Jacksonville, FL 32256	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office s	7643 Gate Pkwy. Suite 104-506 Jacksonville, FL 32256 address on our records,	enter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address: 76	43 Gate Pkw	y., Ste. 104-506	
New Registered Office Address.		Enter Florida street	uddress
Jau	ksonville		. Florida ³²²⁵⁶
_		Cuy	, Florida 32256
New Registered Agent's Signature, if changing Regist	ered Agent:		=
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regis company has been notified in writing of this chan	d complete d agent as p tered office	performance of my dut	y. I further agree to comply with the ies, and I am familiar with and

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>	Address	Type of Action
			□Add
			□Remove
			
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
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			□ Change
			□Add
			□Remove
			□Change

fective date, if other than the date of filing:	_	
Signature of a member or authorized representative of a member (optional) (o		
Signature of a member or authorized representative of a member (optional) (o	_	
dective date, if other than the date of filing: (optional)	_	
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reflective 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 605.020° teg: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as rument's effective date on the Department of State's records. Second 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 stilled. November 12 2021 Signature of a member or authorized representative of a member	_	
reflective 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 605.020° teg: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as rument's effective date on the Department of State's records. Second 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 stilled. November 12 2021 Signature of a member or authorized representative of a member		
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	ied _	
		Con E. Stonoriler
Cari E. Stanarithe		Signature of a member or authorized representative of a member

Filing Fee: \$25.00