## 119000157872

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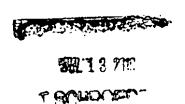
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## **COVER LETTER**

TO:

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SUBJECT:	STANKO INTERNATIONAL SERVICES, LLC T:					
, or service in the s						
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		FRANK N. LAGO, ESQ.				
		BAY AREA CORPORAT	Name of Person E COUNSEL	<del></del>		
		4830 W. KENNEDY BLV	Firm/Company D. SUITE 600			
		TAMPA, FL 33609	Address	<del></del>		
		FRANK@BAYAREACOR	City/State and Zip Code PORATECOUNSEL.COM			
		E-mail address: (	to be used for future annual repor	t notification)		
for further in	nformation c	oncerning this matter, please ea	all:			
FRANK N. LAGO, ESQ.		855 521222 at ()	2			
	Name o	f Person		uytime Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	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: ation Section in of Corporations ox 6327 issee, FL 32314	Registration S Division of C Clifton Buildi	orporations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STANKO INTERNATIONAL SERVICES, 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 JUNE 14, 2019 and assigned Florida document number L19000157872 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: STEPHEN J. STANKO INTERNATIONAL SERVICES, 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 City

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.

New Registered Agent's Signature, if changing Registered Agent:

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing.	(optional) ng or more than 90 days after filing.) Pursuant to 605.020
e: If the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	ry filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effec	tive time, at 12:01 a.m. on the earlier of
ne 90th day after the record is filed.	·
, JUNE 26, , , , 2019	
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Filing Fee: \$25.00

Typed or printed name of signee