

L19000200877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

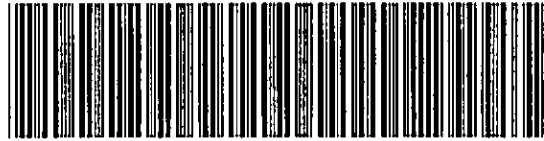
(Business Entity Name)

(Document Number)

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40

FEB - 4 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STAMATINA 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:

Tina B. Ciaccio

Name of Person

Firm/Company

5219 Blossom Cv

Address

Lakewood Ranch FL 34211

City/State and Zip Code

tbcaccio@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina B. Ciaccio

941

685-8420

at (_____) _____

Name of Person

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Tina B. Ciaccio	5219 Blossom Cv Lakewood Ranch FL 34211	<input checked="" type="checkbox"/> Add
		Faye G. Boosalis	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Faye G. Boosalis	3700 Forest Grove Dr. Annandale VA 22003	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FEB 11

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TAL. AD. ST. CL. 1000

E. Effective date, if other than the date of filing: _____ (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 December 10, 2019.

Tina B. Ciacio
Signature of a member or authorized representative of a member

Tina B. Ciacio
Typed or printed name of signee