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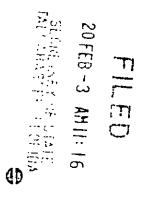
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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	STAMATI			
oon,ne r		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		Tina B. Ciaccio		
			Name of Person	
			Firm/Company	
		5219 Blossom Cv		
		Lakewood Ranch FL 3421	Address 1	<u></u>
		tbciaccio@msn.com	City/State and Zip Code	·····
		E-mail address: (to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
Tina B. Ciac	ceio		941 685-8420 at ()_	
	Name of	f Person	Area Code Daytime	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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAMATINA LLC

(Name of the Limited Liab (A Flor	b <mark>ility Company as it now</mark> rida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Florida document number 1.19000200877	Company were filed	on August 7, 2019	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability compa	anv here:	
The new name must be distinguishable and contain the words "I	limited Liability Company	"the designation "LLC" or the	hbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·	dD =	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office addr address here:	ess on our records, <u>ente</u>	the name of the new
Name of New Registered Agent:	Tina B	Ciaccia	
New Registered Office Address: 5	719 Bloss	an CV - LAK uer Florida street address	ewad KM - 34211
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Regist	ered 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Tina B. Ciaccio	5219 Blossom Cv Lakewood Ranch FL 342111	
		Faye G. Boosalis	
			Remove
			Change
AMBR	Faye G. Boosalis	3700 Forest Grove Dr. Annandale VA 22003	
			□ Remove
			Change
<u></u>			□ Remove
			20 F
			Thange
			Add Remove
			Change
			Add
			Remove
			Change

			□ Remove
			Change

	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filir	optional) ng or more than 90 days after filing.) Pursuant to 605.0
<u>lote:</u> If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	y filing requirements, this date will not be listed
·	
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
Pated <u>December 10</u> <u>2019</u> . Signature of a member or authorized represe	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00