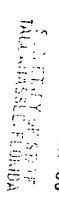
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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SEP 3 0 2019

### **COVER LETTER**

SUBJECT: Stacey'S Club Alibi 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:	
Stacey Myrick Name of Person	
Firm/Company	
3782 New Ebenezer Rd Address	
Laurel Hill, Fl 32567 City/State and Zip Code	
Myrick 1028 a gmail, com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Stace Myrick at (850) 6216-1618  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

Stacen's Clu	ub Alibi	LIC		
( <u>Name of the Limiter</u> (A	d Liability Compar A Florida Limited I	ny as it now appears on ( hability Company)	our records.)	
The Articles of Organization for this Limited Lia	bility Company	were filed on $811$	5/2019	an
Florida document number 1 19000208				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designa	ation "LLC" or the	abbreviation
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				٠, ١
(Mailing address MAY BE A POST OFFICE B	<u>20X)</u>			
		-		
B. If amending the registered agent and/o	r registered of	fice address on our	records, ente	ित्र r the nam
registered agent and/or the new registered offi	-		,	1.17.
Name of New Registered Agent:	Stacey	Myrick		<u>.</u>
New Registered Office Address:	3782 N	EN Ebenere Enter Florida sti		
	& Laure	I Hìll	Florida _	3256

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to conprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar waccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this dobeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each persor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	$\underline{\mathbf{T}}\underline{\mathbf{y}}$
AMBR	Carl Myrick	3782 New Ebenezer	<u>Rd</u> [
	·	Laurel Hill Fl, 32567	<u>!</u>
AMBR	Stacey Myrick	3782 New Ebenez	er Rig
	1	Laurel Hill, Fl 3256	7
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
E. Effective date, if other than the date of filing:  (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 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 e (b) The 90th day after the record is filed.
Dated $9-16$ . $2019$ .
Signature of a member or authorized representative of a member
Stacey Myrick Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Would like to Change Authorized Person
Would like to Change Authorized Person From Carl E Myrick to Stacey Myrick.
Registered Agent Name should be Chang to Stacey Myrick address can remain & Same.
Stacey Myrick should be the only name on any and all forms.
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea (b) The 90th day after the record is filed.
Dated 9-16 2019
Carl Myself Carl Misself Carl Myself Carl
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00