

L21000017870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2022 MAR 23 PM 3:49
FBI - J

O SIMMONS
MAR 24 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change my LLC Name from Chris Stob Real Estate, LLC to Chris Stob, 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:

Christopher L. Stob

Name of Person

Chris Stob Real Estate, LLC

Firm/Company

2145 Wilsons Plover Cir

Address

Navarre, FL 32566

City/State and Zip Code

clstob22@hotmail.com

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

For further information concerning this matter, please call:

Chris Stob

850
at ()

247-8532

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2022 MAR 23 AM 7:19

Chris Stob Real Estate, 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 01/01/2021 and assigned
Florida document number 86-1658260.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Chris Stob, 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 Florida Zip Code

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 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

[illegible]

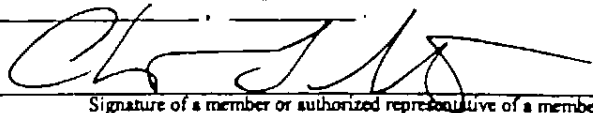
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: January 1, 2022 (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 March 22, 2022

9:45AM


Signature of a member or authorized representative of a member

Christopher L. Stob
Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2022

CHRIS STOB, LLC
2145 WILSONS PLOVER CIR
NAVARRE, FL 32566

02232201010024

Subject:
RE: 122A00005113

We have received your document for the above Fictitious Name and your check(s) totaling \$50.00; however, the document **has not been filed** and is being returned for the following:

IT APPEARS YOU ARE TRYING TO FILE AN AMENDMENT FOR A NAME CHANGE AND NOT A FIC FILING. I AM ENCLOSING THE AMENDMENT APPLICATION TO BE COMPLETED AND RETURNED WITH THIS LETTER.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

WILLIAM LAWRENCE
Reinstatement Section
Division of Corporations

Letter No. 122A00005113