

L21000364361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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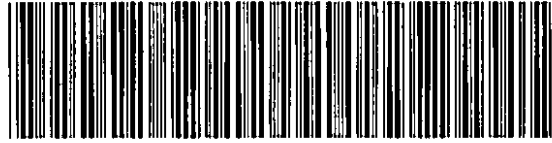
(Business Entity Name)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STABLES 950, 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:

JAMES W PAYTAS, III

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

794 SANDERS ROAD, SUITE 1

\_\_\_\_\_  
Address

PORT ORANGE, FL 32127

\_\_\_\_\_  
City/State and Zip Code

TPAYTAS@PAYTASHOMES.COM

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

For further information concerning this matter, please call:

JAMES W PAYTAS, III

386

756-0439

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 Address:**

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

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

LHC no. C-17-1689  
P. 3:47

**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.

Dated AUGUST 16 2021

Signature of a member or authorized representative of a member

JAMES W. PAYTAS, JR. - MANAGER

Typed or printed name of signee

**Filing Fee: \$25.00**