## 122000167669

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Casiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700386857007

05/05/22--01013--012 \*\*52.50

22 JUL -8 PM 1: 08



RECEIVED

FLORIDA DEPARTMENT OF STATE

Division of Company of Com Division of Corporations

SECLETARA, SEE, FL

June 27, 2022

WANDA M. LINSCOTT 6900 RANCHERO COURT SAINT CLOUD, FL 34771

SUBJECT: STAGING A LIFESTYLE, LLC

Ref. Number: L22000167669

We have received your document for STAGING A LIFESTYLE, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews **OPS** 

Letter Number: 022A00014448

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Staging H Litestyle Lh ( 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:
Name of Person  Staging A Lifestyle h. K.  Pirm/Company  Ganchero Ct  Address  City/State and Zip Code  Wanch SCOtt, pa Q gmail. Cor  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wanda Linscott at 407 908 8105  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Check  Sent General Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S55.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 CHART OF STATE OF OF CORPORATIONS

Stagina	ah	Se \$ 23	JUL -8 PM 1:	08
(Name of the United Li	ability Company forida Limited Liah	as it now appears on o	pur records.)	
The Articles of Organization for this Limited Liabili	ity Company we	ere filed on	7/22	and assigned
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liabilit	y company here:		
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designa	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	:: _			
(Principal office address MUST BE A STREET AL	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	-			
B. If amending the registered agent and/or regist agent and/or the new registered office address he		dress on our record	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:				<del></del>
New Registered Office Address:	<u> </u>	Enter Florida sti	reet address	
		4 3377 9931 1717		
_	<u> </u>	Ciņ	, Florida	Zip Code
New Registered Agent's Signature, if changing Regis	stered 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, 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>	Address	Type of Action
Mgr	Stephanie N	5900 Ranchero (+ Soint Cloud 7/	□Add
	Quigley	Soint Cloud 71	Remove
		34771	Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
			🗆 Add
			□Remove
			□Change

		<del></del>		<u></u>				
				<u>.</u> .				
	<u> </u>				<del></del>			
							-1-	
			_ 1, - ,					
<del></del>		<del></del>	<u> </u>					
							<del></del>	
						<del></del>		
					<u> </u>			
	<del></del>							
an effectiv <u>ote:</u> If th	date, if other than the date re date is listed, the date must be sphe date inserted in this block dis effective date on the Departs	pecific and ca oes not the	et the applical	o, date of filing or ble statutory fil	more than 90 da	_ <b>(optional)</b> ays after filing.) nts. this date v	Pursuant to 605.0 vill not be listed	)207 d as
	ecifies a delayed effective date	e, but not ar	i effective tin	ne, at 12:01 a.n	i. on the carlie	r of: (b) The	90th day after	the
is filed.	July le	`	300 E	2//_				
record spis filed.	July G	iture of arms	DO 2	Sala (	ve of a member			

Filing Fee: \$25.00