

L22000294316

(Requestor's Name)

(Address)

(Address)

VOID

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

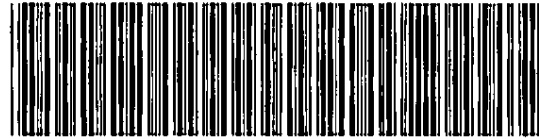
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26/22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEWART TUFTS 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:

KATIE STEWART

Name of Person

Firm/Company

2009 SELVA MADERA CT

Address

ATLANTIC BEACH, FL 32233

City/State and Zip Code

TUFTSKL@GMAIL.COM

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

For further information concerning this matter, please call:

KATIE STEWART

404 7134906
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

VOID

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KATHERINE STEWART	2009 SELVA MADERA CT	<input type="checkbox"/> Add
		ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	IAN STEWART	2009 SELVA MADERA CT	<input checked="" type="checkbox"/> Add
		ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE KATHERINE STEWART FROM MGR TO AUTHORIZED REPRESENTATIVE.

VOID

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E. Effective date, if other than the date of filing: _____ (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 C.S. 5.020 (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.

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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 JULY 29

2022
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Signature of a member or authorized representative of a member

KATHERINE STEWART

Typed or printed name of signee