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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

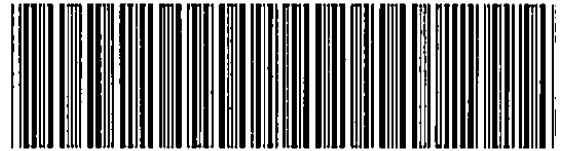
(Business Entity Name)

(Document Number)

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2023 FEB -2 AM 7:31
FEB 7 2023

FEB 7 2023

FEB 7 2023

TO: Registration Section
Division of Corporations

SUBJECT: STAYCOMFYHD 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:

DAYRON DIAZ ECHEVARRIA

Name of Person

STAYCOMFYHD LLC

Firm/Company

921 Washington St

Address

BARTOW FL 33830

City/State and Zip Code

staycomfyhd@gmail.com

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

For further information concerning this matter, please call:

Dayron Diaz

786

4449482

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2023 FEB -2 AM 7:31

Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company)

STATE

The Articles of Organization for this Limited Liability Company were filed on 10/05/22 and assigned
Florida document number L22000430685.

This amendment is submitted to amend the following:

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

STAYCOMFYHD 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:

921 Washington st Bartow, Fl 33830

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

921 Washington st Bartow, Fl 33830

(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]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 605.0

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 record is filed.

Signature of a member or authorized representative of a member

Dayron Diaz Echevarria
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2023

DAYRON DIAZ ECHEVARRIA
921 WASHINGTON ST
BARTOW, FL 33830

P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: STAYCOMFYHD LLC
Ref. Number: L22000430685

We have received your document for STAYCOMFYHD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 823A00000818

FEB - 2 2023

CONNELL