

L23000411205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

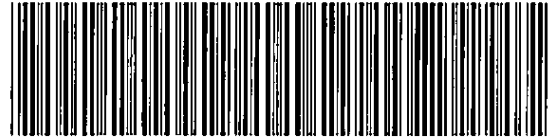
(Business Entity Name)

(Document Number)

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2023 DEC 11 AM 8:25
TALLAHASSEE, FLORIDA

Letter Number 823A00025110

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAINZZ 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:

Harold L Stepherson III
Name of Person

STAINZZ LLC
Firm/Company

11924 West Forest Hill Blvd 10A #157
Address

Wellington FL 33414
City/State and Zip Code

harold.lee18@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harold L Stepherson III at (561) 875-2121
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

letter Number 823AD0025110

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

STAINZZ 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 September 1, 2023 and assigned
Florida document number L23000411205.

This amendment is submitted to amend the following:

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

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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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:

LORI DAVIS

New Registered Office Address:

11924 WEST FOREST HILL BLVD 10A #127

Enter Florida street address

Wellington

City

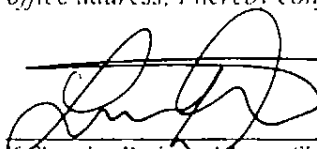
Florida

33414

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.



Changing Registered Agent, Signature of New Registered Agent

letter Number 823A00025110

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>	<u>Address</u>	<u>Type of Action</u>
MGR =	HAROLD STEPHERSON	1924 West forest Hill Blvd	<input checked="" type="checkbox"/> Add
		IDA #127	<input type="checkbox"/> Remove
		Wellington Fl. 33414	<input type="checkbox"/> Change
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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		N/A	<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Letter Number 853A00025110

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

I Would like to change the title manager and registered agent of Stainzz LLC, I would like to change the title manager to Harold Stepherson III, And change Lori Davis to Registered Agent. Should you have any questions please contact via email harold.lee18@uphoo.com, Thankyou

2023 DEC 11 AM 8:25
TALLAHASSEE, FLORIDA

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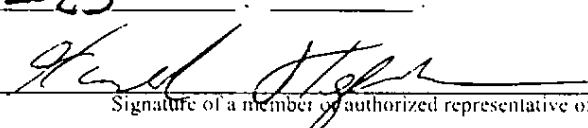
E. Effective date, if other than the date of filing: 11/20/2023 (optional)

(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 11/29/2023


Signature of a member or authorized representative of a member

Harold Stepherson
Typed or printed name of signer