

L24000025252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HORNE
SEP 19 2024

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09/13/24--01026--011 **25.00

FILED
2024 SEP 13 PM 3:52

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Enchanted Techniques 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:

Jennie Maulden
Name of Person

Enchanted Techniques LLC
Firm/Company

1013 E Flora St
Address

Tampa FL 33604
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennie Stinsman at (813) 516-8904
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
2024 SEP 13 PM 3:52
TALLAHASSEE, FLORIDA

(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 January 11, 2024 and assigned Florida document number L24000025252.

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)

Enter new mailing address, if applicable:

(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

_____, **Florida** _____

City

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

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

Documents Enclosed

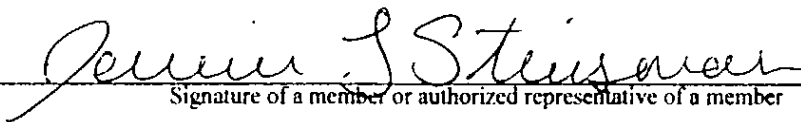
E. Effective date, if other than the date of filing: _____ (optional)

(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 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 _____,


Signature of a member or authorized representative of a member

Jennie L. Stinsman
Typed or printed name of signee

**STATE OF FLORIDA
MARRIAGE RECORD**

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon

(STATE FILE NUMBER)

INSTR# 2017431634
L BK 747 PG 1656
RECORDED: 11/06/2017 at 02:44 PM
Pat Frank, Clerk of the Circuit Court
Hillsborough County
Deputy Clerk: HHCUSTOM

2017 ML 3367149

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. NAME OF SPOUSE (First, Middle, Last) RONALD WILLIAM STINSMAN JR		15 MAIDEN SURNAME (if applicable)	
3a. RESIDENCE - CITY, TOWN, OR LOCATION TAMPA		3b. COUNTY HILLSBOROUGH	
5a. NAME OF SPOUSE (First, Middle, Last) JENNIE LADEAN MAULDEN		5b. MAIDEN SURNAME (if applicable)	
7a. RESIDENCE - CITY, TOWN, OR LOCATION TAMPA		7b. COUNTY HILLSBOROUGH	
2. DATE OF BIRTH (Month, Day, Year) 11/22/1980		3c. STATE FLORIDA	
4. BIRTHPLACE (State or Foreign Country) NEW YORK		6. DATE OF BIRTH (Month, Day, Year) 01/12/1986	
8. Birthplace (State or Foreign Country) FLORIDA		7c. STATE FLORIDA	
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Ronald Stinsman Jr</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10/16/2017	
11. TITLE OF OFFICIAL DEPUTY CLERK, AMANDA DELCUADRO		12. SIGNATURE OF OFFICIAL (Use black ink) <i>A Delcuadro</i>	
13. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Jennie Maulden</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10/16/2017	
15. TITLE OF OFFICIAL DEPUTY CLERK, AMANDA DELCUADRO		16. SIGNATURE OF OFFICIAL (Use black ink) <i>A Delcuadro</i>	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE HILLSBOROUGH		18. DATE LICENSE ISSUED 10/16/2017	
18a. DATE LICENSE EFFECTIVE 10/19/2017		19. EXPIRATION DATE 12/18/2017	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>A Delcuadro</i>		20b. TITLE COUNTY JUDGE/CLERK	
		20c. BY D.C. AD	
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA			
21. DATE OF MARRIAGE (Month, Day, Year) 10-31-2017		22. CITY, TOWN, OR LOCATION OF MARRIAGE Tampa, Florida	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Nanette Klater</i>		23c. ADDRESS (Of person performing ceremony) 3402 S. Dale Mabry Tampa, FL 33689	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) NANETTE S. KLATER MY COMMISSION # FF 900286 EXPIRES: November 2, 2019 Baptist Theological Seminary		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	



SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN MY OFFICE, WITNESS MY HAND AND OFFICIAL SEAL THIS 31st DAY OF January, 2017
Hillsborough County, State of Florida
Clerk of the Circuit Court
[Signature]
Deputy Clerk