

L24000070626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

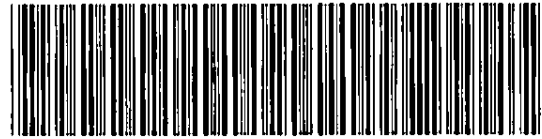
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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05/07/24--01001--002 •••••

FILED RECEIVED  
2024 MAY -6 PM 1:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RANKEL STILLWAGON CONTRACTING 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:

CLARENCE STILLWAGON

Name of Person

Firm/Company

610 E ZACK STREET STE 110

Address

TAMPA, FL 33602

City/State and Zip Code

Cstillwagon@rs-gc.com

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

For further information concerning this matter, please call:

CLARENCE STILLWAGON

813

853-4786

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FL

2026 MAY -6 PM 1:44

2026 MAY -6 PM 1:44

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	THE EAGLE REVOCABLE TRUS	610 E ZACK STREET STE 110	<input type="checkbox"/> Add
		TAMPA, FL 33602	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GORDON NEUMAN REVOCABI	610 E ZACK STREET STE 110	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33602	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ENTIRE NAME OF NEW MGR IS NOT SHOWING UP IN WINDOW.

MGR: GORDON NEUMAN REVOCABLE TRUST

2024 MAY -8 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

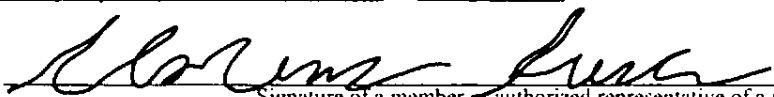
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 5/6/24



Signature of a member or authorized representative of a member

Clarence Stillwagon

Typed or printed name of signee

**Filing Fee: \$25.00**