N 1500000 6170

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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September 24, 2019

PAULA STANO 1252 STANDRIDGE DR WESLEY CHAPEL, FL 33543

SUBJECT: S.T.A.N.O., INC. Ref. Number: N15000006170

We have received your document for S.T.A.N.O., INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Catherine M Wood Regulatory Specialist II

Letter Number: 119A00019801

RECEIPT PH 2:

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

SIT	T. A. N. 01	IK	
(Name of Corporation as curre	ntly filed with the Flor	rida Dept. of State)	
N15000	10010170	· ·	
(Document Num	iber of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation		or Profit Corporation adopts t	he following
The state of the s			The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	ration" or "incorporate	d" or the abbreviation "Corp	
(Principal office address MUST BE A STREET ADDRESS	<u>S</u>)		
			201
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	90,
C. E			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			7
		C.	PH
		<u> </u>	ं प
		 	<u>-</u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(F	Florida street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accep	t the obligations of the positio	> π .
	Signature of New Regi	stered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X.Remove X.Add	PT John I V Mike . SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add Remove	<u>D</u>	Deborali Macias	4555 141, pa Caus Lutz, FL 33559
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if	necessary). (Be specific)			
					
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The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 9/10/19	
Signature Date (a. Thane	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Paula Stanes	
(Typed or printed name of person signing)	
President	

(Title of person signing)