La1000052004

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
wrong form
10120123





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: L Stop RE Holdings LLC	(NL	_
1 21000052004	(Name of Corporation)	
DOCUMENT NUMBER: L21000052004		-
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for fil	ing
Please return all correspondence concerning	g this matter to the following:	
Jessica Andio		
(Name of Person)		
l Stop RE Holdings, LLC		
(Name of Firm/Company)		
5220 Hood Rd #100		
(Address)		
Palm Beach Gardens, FL 33418		
(City/State and Zip Code)		
For further information concerning this mat	tter, please call:	
Jesica Andio	at (561)662-1979 (Area Code & Daytime Telephone Number	
(Name of Person)	(Area Code & Daytime Telephone Number	ō)
Enclosed is a check for \$35.00 made payab	le to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

TO:





August 8, 2023

JESSICA ANDIO 8729 112TH TER N WEST PALM BEACH, FL 33412 US

SUBJECT: 1 STOP RE HOLDINGS LLC

Ref. Number: L21000052004

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

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Letter Number: 423A00017937

Summer Chatham Regulatory Specialist III Director's Office

www.sunbiz.org

COVER LETTER

Division of Cor			
SUBJECT:	Stop RE Ho	UINGS, LLC ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jessi	Name of Person	
		Firm/Company	
		5905 Dr *20	
		City/State and Zip Code Of Openail. to be used for future annual report no	
For further information ed	oncerning this matter, please ea	all:	
Jessica A		at (<u>56 l</u>) <u>66</u> Area Code Dayti	ne Telephone Number
Enclosed is a check for th	e 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 S Division of C	ection	Street Address: Registration S Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2/00052</u> 004	were filed on 1-28-21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LEC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Jun Andio 8729 112th 7 West Palm Bch	er N , FL 33412
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA.	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name</u>	e of the new registered co 4 2 co 5
New Registered Office Address:	Enter Florida street address	·
	Florida	Zin 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

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>	Address	Type of Action
	Jessica Andio	11020 Legary Drx	20 ¥ □Add
		Palm Bch Grdns, FL 33 561-662-1979	Y/D Decemove
		561-662-1979	□Change
			🗀 Add
			□Remove
			□Change
			<u>~</u> □Add ¬
			□Rêmove
			∷: □Change ⇔ ω υι □Add
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an effective date is I lote: If the date in	other than the date of isted, the date must be speci iscreed in this block does we date on the Departmen	not meet the application	to date of thing of mable statutory filin	ore than 90 days after g requirements, this	filing.) Pursuant to 605.0.
record specifies a l is filed.	delayed effective date, b	ut not an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after t
ated		_·			
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		e of a member wante	rizad con contativa	of a member	
	Signature	e or a member per agion	niven representative	or a member	

Filing Fee: \$25.00