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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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A. RIVERS
DEC - 9 2021



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COVER LETTER

TO: Registration So Division of Cor			
	sport LLC		
SUBJECT:	Name of Lim	ited Liability Company	***************************************
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	Andy T St Lot		
		Name of Person	
		Firm/Company	
	5310 26th St W Unit 156	05	
		Address	
	Bradenton, FL 34207		
		City/State and Zip Code	
	E-mail address: (to be used for future annual	report notification)
For further information of	concerning this matter, please c	all:	
Andy T St Lot		239 96 at ()_	61-5623
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
□ S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
Mailing Addre Registration		<u>Street A</u> Registr	ddress: ation Section
Division of C			on of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our recor I Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000273703</u> .	y were filed on 06/11/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
St Lot Plus LLC		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u>	r the name of the new registere
New Registered Office Address:	Enter Florida street addr	
	F	lorida(1) 22
	City	Zip Code
	•	
New Registered Agent's Signature, if changing Registered Agen		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agent provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	t: gree to act in this capacity. I f te performance of my duties, o s provided for in Chapter 605	ind I am familiar with and F.S. Oraif this document is

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>	Type of Action
AMBR	Marcko N Palomo	5310 26th St W Unit 1505	
		Bradenton, FL 34207	■Remove
			□Change
AMBR	Anastasia St Lot	5310 26th St W Unit 1505	≣Add
		Bradenton, FL 34207	□Remove
			Change
			
			□Remove
			□Change
			□Add
•			□Add
			□Remove
			🗀 Add
			Remove
			□Change

Page 2 of 3

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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is/filed.
Dated	11/17/2021
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00