Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000370790 3)))



H190003707903ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MACMILLAN & STANLEY, PLLC

Account Number : 120170000007 Phone : (561)276-6363 Fax Number : (561)276-8881

#\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: toma macmillan stanty, com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MACMILLAN & STANLEY, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

, . . . .

Electronic Filing Menu

Corporate Filing Menu

Helpec 3 0 2018

T. LEMIEUX

### **COVER LETTER**

TQ:	Registration Section
	Division of Corporations

SUBJECT:	x Stanley, PLLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Thomas M. Stanley, Esq.		
		Name of Person	<del></del>
	MacMillan & Stapley, PLL	c	
		Firm/Company	
	29 NE 4th Avenue		
		Address	<del></del>
	Delray Beach, FL 33483		
		City/State and Zip Code	·
	tom@macmillanstanley.com		
	E-mail address: (i	to be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca	ali:	
Thomas M. Stanley		561 276-6363	
Name of	Person	Area Code Daytime	Telephone Number
1			
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Address Registration S Division of C P.O. Box 632 Tallahassee, F	section orporations 7	Street Address: Registration Sectorial Division of Corporate The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Illahassee Street, Suite 810

#### H19000370790 3

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MacMillan & Stanley, PLLC			
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited I Florida document number L04000063323	Liability Company were filed on 8/	26/2004	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	ere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if appli	cable:	276	·
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
		: : : : : :	3 1
	<del>-</del>	[22] (5호: N	
Enter new mailing address if applicables			1
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			[-7-]
	<del></del>	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office address.		records, <u>enter the nam</u>	e of the new registe
Name of New Registered Agent:	Thomas M. Stanley		
New Registered Office Address:	29 NE 4th Avenue		
	Enter Florida street address		
	Delray Beach	, Florida <sup>334</sup>	83
	City		Zıp 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

## H19000370790 3

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>	Name	Address	Type of Action
MGR	Carol M. Stanley	29 NE 4th Avenue	□.Add
		Delray Beach, FL 33483	Remove
			Change
			□Add
			□Change
			□Add
			🗆 Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			_ Change
			□Add
			DRemove
			_ Change

## H19000370790 3

~		
		<u> </u>
<u> </u>		
	-	
Sective date, if other than the date in effective date is listed, the date must be ite: If the date inserted in this block cument's effective date on the Depar	pecific and cannot be prior to date of filing or more than does not meet the applicable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.0207 (3)(rements, this date will not be listed as the
cord specifies a delayed effective da s filed.	e, but not an effective time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after the
December 27	, 2019	
	<del></del>	
Sign	ature of a member or authorized representative of a men	mber

H19000370790 3

Filing Fee: \$25.00