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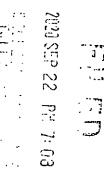
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## **COVER LETTER**

	Registration Sec Division of Corp							
eud iez	Stanton Holc	lings, LLC		••				
SUBJEC	· [ ;	Name of Lim	ited Liability Company	-				
		amendment and fee(s) are sub						
		Kim Stanton						
			Name of Person					
	Stanton Holdings, LLC							
	Firm/Company							
		1512 John Sims Parkway I	E#376					
			Address					
		Niceville, FL 32578						
		him wantan el s Camail ann	City/State and Zip Cod	ie				
		kimstanton815@gmail.com E-mail address: (	to be used for future annu	al report notificat	ion)			
For furth	er information co	ncerning this matter, please ca	all:			- 7 3 	202	
Kim Star	iton			30-6429			2020 SEF	** ***
	Name of	Person	at () _ Area Code	Daytime Te	lephone Number	7	22	 
Enclosed	is a check for the	following amount:					PK 7:0	[
<b>■</b> \$25.6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is c		Certified	e of Status	دی & د	
	Mailina Addrase		Coun	A delivere				

Mailing Address:

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stanton Holdings, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{\text{May 16, 2005}}{\text{May 16, 2005}}$ and assigned Florida document number L05000049872 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cirv

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.

New Registered Agent's Signature, if changing 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>	Type of Action
MGR	Dean H. Stanton	1235 N. Bayshore Drive	
			□Remove
		Valparaiso, FL 32580	☐ Change
			□Add
			Remove
		<del></del>	□Change
			□Add
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filir	ng or more than 90 days after filing.) Pursuant to 605.0	
e: If the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	ry filing requirements, this date will not be listed	1 11
cord specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after t	the
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ed September 18 2020		

Typed or printed name of signee