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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. BRYAN

DEC - 1 2009

EXAMINER

COVER LETTER

10:	Division of Co				
SUBJE	CCT:	Stanley St	atham Austin, LLC		
50502			ited Liability Company		
The end	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please i	return all corresp	ondence concerning this matte	r to the following:		
			Stanley Austin		
			Name of Person		
		Star	nley Statham Austin, LLC		
			Firm/Company		
			32132 Hickory Lane	7AE	
			Address	O9 NOV 30 PM SECRETARY OF ALLAHASSEE. I	T di
	Sorrento, FL 32776			30 ASS	
			City/State and Zip Code	PR PR	ロフ
		E-mail address: (ustinstan@gmail.com to be used for future annual report notification)	- C C - C	フ
For furt	her information	concerning this matter, please of	eall:	TATE ORIDA	
		tanley Austin	at (407) 529 87		
Name of Person			Area Code & Daytime Telepho	one Number	
Enclose	ed is a check for	the 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 enclose	:d)
á	Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations dox 6327 assee, FL 32314	STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stanley :	Statham Austin, LL	.C		
(Name of the Limited Liability (A Florida	y Company as it now apper Limited Liability Company)	ars on our rec	ords.)	
The Articles of Organization for this Limited Liability				and assigned
Florida document number L07000055705				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company he	ere:		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	pany," the desi	gnation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		*	A S	09
(Principal office address MUST BE A STREET ADD	RESS)		, <u>, , , , , , , , , , , , , , , , , , </u>	5 11
			, A.S.	3 7
			££,	eg z M
Enter new mailing address, if applicable:				SNO
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
	r		T	>
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records	, enter the	e name of the new
Name of New Registered Agent:				· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:				
	En .	nter Florida s	street addre	ss
		, Fl	orida	
	City			Zip 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Type of Action** <u>Name</u> Address MGRM Stanley Austin 32132 Hickory Lane Sorrento, FL 32776 ✓ Remove Stanley Austin MGR 32132 Hickory Lane ✓ Add Sorrento, FL 32776 ☐ Remove ☐ Add ☐ Remove Remove ∏Add ____Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The owner of the LLC is now Stanley S. Austin, Trustee UTD 1-19-09 FBO Same Signature of a member or authorized representative of a member Whey Hustin Types or printed name of signee

Page 2 of 2

Filing Fee: \$25.00