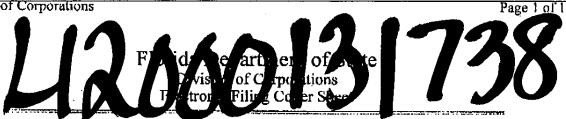
Division of Corporations



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(((H12000251281 3)))



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: (850)617~6383

Erom:

Account Name : FOWLER WHITE BURNETT P, A.

Account Number: 071250001512 Phone : (305)789-9200

Fax Number : (305)789-9201

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

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≘eLLC AMND/RESTATE/CORRECT OR M/MG RESIGN **STAN 1902 LLC**

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D. BRUCE

OCT 18 2012

EXAMINER

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COVER LETTÉR (H120002512813) TO Registration Section Division of Corporations **STAN 1902 LLC** SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jeanne Fuentes Lopez Name of Person Fowler White Burnett, P.A. Firm/Company 1395 Brickell Avenue, 14th Floor Address Miami, Florida 33131 City/State and Zip Code esalcedo@fowler-white.com ڡؚ E-mail address: (to be used for future animal report notification) For further information concerning this matter, please call: Elsa M. Salcedo 789-9200 ext 1369 305 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: 325.00 Filing Fee \$30.00 Filing Fee & \$55.00 Piling Fee & \$60.00 Filing Fcc. Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

(H120002512813)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAN 1				
(Name of the Limited Liability Comp (A Florida Limited	hov as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Companies Florida document numberL12000131738	•	10/16/2012	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lin	bility company her	<u>:</u> :		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compa	nny," the designation "L	LC" or the abbrevia	tion
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS)			AS 5	-
			<u> </u>	
				الم الم الم الم
Enter new mailing address, if applicable:			7	<u>F</u> A3
(Mailing address MAY BE A POST OFFICE BOX)	·		<u> </u>	
•			- 22 9	_
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address be	office address on c ere:	our records, <u>enter th</u>	E DRAWE OF the 1	10 W
Name of New Registered Agent:				_
New Registered Office Address:				_
i	En	ter Florida street uddr	EAN	
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		o '	

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

4.					\ _
	H	1200025	7	81	<u> </u>
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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 Title <u>Name</u> <u>Address</u> Type of Action MGR Jeanne Fuentes Lopez 1395 Brickell Avenue, 14th Floor **✓** Add Miami, Florida 33131 Remove □ Add Remove □ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10 Signature of a m mber or althorized representative of a member

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00