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(Re	equestor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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21 DEC - 9 FM 3: 31

T. MATTHEWS

DEC 20 2021

COVER LETTER

TO: Registration S Division of Co	Section Orporations		
STA N PL	ALLC		
		mited Liability Company	
		•	
The enclosed Anicles o	f Amendment and foc(s) are su	bmitted for filing.	
	ondence concerning this matte		
	MICHAEL I HEATH		
		Name of Person	
	LAW OFFICES OF MIC	HAEL J HEATH, PA	
		Firm/Company	
	167 108TH AVE		
		Addiess	
	TREASURE ISLAND, FI	L 33706	
		City/State and Zip Code	
	Lciesielski@warsawexpo.e		
Take at the second		to be used for future annual report notif	ication)
For further information (concerning this matter, please o	all:	
BRITTANY ANDRIAS		727 360-2771 at()	
Name o) Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fcc	☐ \$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)
Mailing Address Registration S	Section	<u>Street Address:</u> Registration Sec	lion

Mailing Address:
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

21 DEC -8 FN 3:31

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stan Pla	LLC
(Name of the Limited Liebility Company	tv as fr now apprers an ear eccords) labelity Cempany)
The Articles of Organization for this Limited Liability Company w	were filed on 1-11-2013 and assigned
Florida document numberL13000006081P	nd stripm
This amendment is submitted to arread the following:	
A. If amending name, enter the new name of the limited liability	ity carapany here:
The ocr name must be distinguishable and contain the words "Limbed Liability	y Corepany," the designation "LLC" or the approvision "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
-	
Enter new malling address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	
B. If unreading the registered agent and/or registered office add agent and/or the new registered office address here:	idress on our secords, enter the name of the new registers
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street oldress
	Fiorida
New Repistered Agent's Signature, if changing Registered Agents	Cry Zp Code
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	erjormance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New 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>	Address	Type of Action
MGR Agnieszka Ptak	333 Hamden Dr.	≅ Ad∂	
		Clearwater, Florida 33767	□Remove
		☐ Change	
	-	□Add	
		Remove	
			DAdd
			Remove
		□Add	
		□Remove	
		Change	
		Remove	
		Change	
		DAdd	
		□Remove	
			Change

). If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an effective d	te, if other than the date of filing:
the record speci cord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated1	1/30/2021
	Cremon
	Signature of a member or authorized representative of a member
	OMASZ CIESIELSKI Typed or printed name of signee

Filing Fee: \$25.00