

LIA 0000 180 79

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

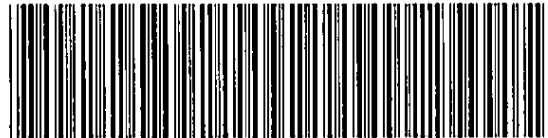
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/27/23--01028--008 \*\*25.00

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STEARNS PROPERTY HOLDINGS LLC

\_\_\_\_\_  
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:

Keith E. Crockett

\_\_\_\_\_  
Name of Person

Crockett Law P.L.L.

\_\_\_\_\_  
Firm/Company

10033 Sawgrass Drive West, Suite 125

\_\_\_\_\_  
Address

Ponte Vedra Beach, FL 32082

\_\_\_\_\_  
City/State and Zip Code

keith@crockettlawpl.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Keith E. Crockett

904 247-4831

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Scott D. Stearns	1010 BRECKENRIDGE DRIVE	<input type="checkbox"/> Add
		BRANCHBURG, NJ 08876	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Only one member listed as a managing director per LLC

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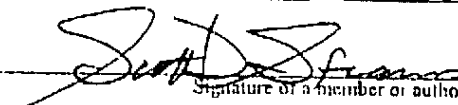
E. Effective date, if other than the date of filing: 12-02-23 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12/2, 2023

  
Signature of a member or authorized representative of a member

Scott D. Stearns  
Typed or printed name of signee

Filing Fee: \$25.00