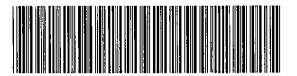
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(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	·
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
	STEARNS	PROPERTY HOLDINGS LL	С		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
		indence concerning this matter	-		
			to the tollowing.		
		Keith E. Crockett			
			Name of Person		_
		Crockett Law P.L.			
			Firm/Company		- 31
		10033 Sawgrass Drive We	st, Suite 125		DOSDEC 27 MAIN: 06
			Address	·	10.2
		Ponte Vedra Beach, FL 32	082		
			City/State and Zip Code	· · · · · · · · · · · · · · · · ·	
		keith@crockettlawpl.com			20:00
Car firebaria	a Commandia — oraș		to be used for future annual report no	diffication)	m; 0,
		oncerning this matter, please c			
Keith E. Cro			904 247 4831 at ()		
	Name o	f Person	Area Code Daytii	me Telephone Numbe	r
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
	iling Addres gistration S		Street Address: Registration So	ection	
	_	orporations	Division of Co		
). Box 632		The Centre of	Tallahassee	
Tal	lahassee, I	·L 32314	2415 N. Monre	oe Street, Suite 8	310

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEARNS PROPERTY HOLDINGS LI		
(Name of the Limited Li (A F)	ability Company as it now appears on our record- orida Limited Liability Company)	<u>F)</u>
The Articles of Organization for this Limited Liabili		and assigned
Florida document number L14000018079		
his amendment is submitted to amend the followin	g:	
a. If amending name, enter the new name of the	limited liability company here:	
		702 SE
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	" or the aboreviation L.C." . 1
Enter new principal offices address, if applicable	:	55 0 F.
Principal office address MUST BE A STREET A	DDRESS)	
		- A G G G
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
3. If amending the registered agent and/or regist		the name of the new regist
gent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	8
	Fla	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 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.

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
AMBR	Scott D. Stearns	1010 BRECKENRIDGE DRIVE	□ Add
		BRANCHBURG, NJ 08876	■Remove
			□ Change
			□Add
			□Remove
			Change Change SECRED FIALLS
			Removē ;
			□ □ □ □ Add
			□Remove
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					FX 8
					
					
E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and can s block does not meet	not be prior to date of the applicable stat	CCC	(optional) days after filing.) Pursuant to 605.0; will not be listed
f the record specifies a delayed effe ecord is filed.			2:01 s.m. on the ear	lier of: (b) The	e 90th day after th
Dated 12/2	XX	2023.			
	Signature of a mem	per or authorized rep	resentative of a memb	er	
	Scott D	STear	275		

Filing Fee: \$25.00