L15000 208408

(Red	uestor's Name)	
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(Add	lress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Dod	cument Number)	
Certified Copies	Certificate	s of Status
'		
Special Instructions to F	ilina Officer:	
NO DBA		
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Office Use Only



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TALL MASSES MID: 42

2018 SEP 25 A 10: 02

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September 14, 2016

JAMES J. ANDERSON 11536 CHAPLIS LANE ESTERO, FL 33928

SUBJECT: STAND SURE, LLC Ref. Number: L15000208408

We have received your document for STAND SURE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 416A00019680

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Co	rporations,		
SUBJECT: Stand Sure	LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James J. Anderson		
		Name of Person	
	- <u></u>	Firm/Company	
	11536 Chaplis Ln	Address	
	Estero, FL 33928		
		City/State and Zip Code	
	AndersonJamesJM@gmail.	com	
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	all:	
James Anderson		at (239) 910-8388	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Registration Section

T0:

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stand Sure, LLC (Name of the Limite	d Liability Compa A Florida Limited	any as it now appears on our reco Liability Company)	(ds.)	
The Articles of Organization for this Limited List Florida document number <u>L15000208408</u>	ability Company	were filed on 12/15/2015	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		11536 Chaplis Ln		
(Principal office address MUST BE A STREET ADDRESS)		Estero, FL 33928		
Enter new mailing address, if applicable:		11536 Chaplis Ln		
(Mailing address MAY BE A POST OFFICE)	<u>ВОХ)</u>	Estero, FL 33928		
B. If amending the registered agent and/oregistered agent and/or the new registered of New Registered Agent:			ds, <u>enter the name of the new</u>	
New Registered Office Address:	11536 Chaplis	Ln		
		Enter Florida street addı	ess	
	Estero		Florida 33928	
New Registered Agent's Signature, if changing R	Parintamed According	<i>City</i>	Zip Code	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the locompany has been notified in writing of this state.	d agent and agi er and complete stered agent as registered office change.	ree to act in this capacity. I in performance of my duties, a provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is	

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	James M. Anderson	16681 Crownsbury Way	■ Add
		Fort Myers, FL 33908	☐ Remove
			☐ Change
	<u> </u>	<u> </u>	Add
			□ Remove
			☐ Add
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	ate of filing: 09/20/2016	to date of filing or more than	(optional) 190 days after filing.) rements, this date w	Pursuant to 605.02 rill not be listed
ctive date, if other than the date fifective date is listed, the date must but if the date inserted in this block ment's effective date on the Department.	k does not meet the applica			
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Filing Fee: \$25.00