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SECRETARY OF STATE
OF LAHASSEF, FI ORIDA

S Warren AUG 2 3 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Stanford Arts 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:
MARK STANFORD Name of Person
STANFORD ARTS LLC Firm/Company
710 JORDAN AVE
SEBASTIAN, FL 32958 City/State and Zip Code
ilovetosail 20 yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Starford at (772) 713-8183 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

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

TO ARTICLES OF ORGANIZATION OF

Stanford	ARTS LLC	<u> </u>			
(Name of the Limited	Liability Company as it now A Florida Limited Liability Com	pany)			
The Articles of Organization for this Limited Lia	bility Company were filed	on 5/20/16		and assi	gned
Florida document number L 160000 99	<u> 9184</u>	·			
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability compa	any here:			
The new name must be distinguishable and contain the wor	rds "Limited Liability Company	," the designation "LLC" o	r the abbrev	iation "L.L	C."
Enter new principal offices address, if applical	ble:			F\.\$	
(Principal office address MUST BE A STREET	'ADDRESS)	.	<u>> अने</u> इद्यास		
			第数	رة الراق الم	H-DBCI
T-4 10 33 46 35 33			$n_{\mathbf{o}}$	ים ס	Ŋ
Enter new mailing address, if applicable:			<u></u>	"	3 —
(Mailing address MAY BE A POST OFFICE B	<u> </u>			y	· ;
			н	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		ess on our records,	enter the	name c	of the nev
registered agent and/or the new registered offi	ce address here:				
Name of New Registered Agent:	Mark St	anford			
New Registered Office Address:	710 JORG	lan Ave Jer Florida street address	.		
	Sebast	QN, Florid	da <u>3</u>	<u> 295</u>	8
	City		2	лр Соае	

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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jennifer Stanford	710Jordan Ave	
		Sebastian FL321958	Remove
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(If an el Note:	tive date, if other than the date of filing: 8-16-16 ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirements nent's effective date on the Department of State's records.	optional) after filing.) Pursuant to 60 s, this date will not be lis	05.0207 (3)(b) sted as the
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12: e 90th day after the record is filed.	01 a.m. on the earl	ier of:
Dated	August 16, 2016.		
	Signature of a member or authorized representative of a member	- 13	
	Mark Stanford	TOTAL STATE	
	Typed or printed name of signee	TARY OF D	
	Page 3 of 3	P 3	

Filing Fee: \$25.00

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