## L17000132044

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	curnent Number)	
Dertified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		;
	Office Use On	ly



700337856127

13/13/19--01011--021



30.00

FILED

WILDER 13 PM 12: 42

SECRETARY OF STATE
TALLAHASSEE FI

O SIMMONS JAN 15 2020

## **COVER LETTER**

Registration Section
Division of Corporations

O:

Stanton R	E, LLC		*
OBSECT:	Name of Lim	ited Liability Company	<del></del> .
he enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	, and the second	·	
	Jason T. Stanton		
	Stanton RE, LLC    Firm/Company		
	Stanton RE, LLC	Name of Limited Liability Company  It and fee(s) are submitted for filing.  cerning this matter to the following:  Stanton  Name of Person  RE, LLC  Firm/Company  rerbrook Dr.  Address  r, FL 33756  City/State and Zip Code  Itoncpa@hotmail.com  E-mail address: (to be used for future annual report notification)  his matter, please call:  at \( \frac{727}{Area Code} \) \( \frac{244-6423}{Daytime Telephone Number} \)  g amount:  20 Filing Fee & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	305 Overbrook Dr.		
	·	Address	
	Belleair, FL 33756		
		City/State and Zip Code	
	amystantoncpa@hotmail.co	om	
	E-mail address: (	Name of Person  Firm/Company  Address  City/State and Zip Code  See used for future annual report notification)  The code of t	
For further information	concerning this matter, please c	all:	
Amy Stanton		nt /	
Name of Person		Iment and fee(s) are submitted for filing.  In concerning this matter to the following:  Inton RE, LLC  Firm/Company  5 Overbrook Dr.  Address  Illeair, FL 33756  City/State and Zip Code  Istantoncpa@hotmail.com  E-mail address: (to be used for future annual report notification)  ing this matter, please call:  at (727	
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Adda Registration Division of P.O. Box 6: Tallahassee	Section Corporations 327	Registration Se Division of Cor The Centre of T	porations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stanton RE, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recorability Company)	<u>(ds.</u> )
ne Articles of Organization for this Limited Liability Company vorida document number <u>L17000132044</u> .	were filed on <u>6/16/17</u>	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabil	lity company here:	
son Stanton, LLC	_	
e new name must be distinguishable and contain the words "Limited Liabilia	ty Company," the designation "LL	C" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		70 H 11
		22 Z
nter new mailing address, if applicable:		1'1',
failing address MAY BE A POST OFFICE BOX)		<u> </u>
		FL <b>12</b>
If amending the registered agent and/or registered office at ent and/or the new registered office address here:	ddress on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
Tien registered office readings.	Enter Florida street addr	ess
	, F	lorida
	City , F	ToridaZip Code

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager .MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			🗀 Add
			Remove  Remove  Remove  Remove  Remove  Remove
			SSEE STATE Remove
			Change
			□Remove
			Change
			□Add
		<del></del>	□Remove
			□ Change
			□Remove
			Change

									_
									_
									_
<u> </u>					· -			_	-
			<u> </u>						-
									_
							<del></del>	3.5	-
	<del></del> _						TA CS	DEC	- 117
			• 111	<u>.</u>			<u> </u>		- 1 - 1 - 1
							>50 >50 0	-0	
							E C	-, <u></u>	
							<u>ا ال</u>	12 24 24 24 24 24 24 24 24 24 24 24 24 24	-
				_					-
				·		<del></del>		<u>.</u>	_
				<del></del>					_
				_					_
								<del>-</del>	_
fective date, if other the effective date is listed, the ote: If the date inserted incument's effective date of	date must be spec in this block doe	ific and can s not meet	the applica	to date of filir able statutor	g or more tha y filing requ	n 90 days aft	ional) er filing.) Pu is date wil	rsuant to 60 I not be lis	)5.0207 ( sted as t
ecord specifies a delayed is filed.	effective date, b	out not an e	effective tir	ne, at 12:01	a.m. on the	earlier of: (	b) The 90	)th day aft	er the
December 10	<i></i>	; -	2019						
/,	mer Z	Hi.	1/						
	1 W 1 P 1	11 uns	VII						
	Signatu	re of a mem	iber or autho	rized represe	ntative of a m	ember			

Filing Fee: \$25.00