

L19000287374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

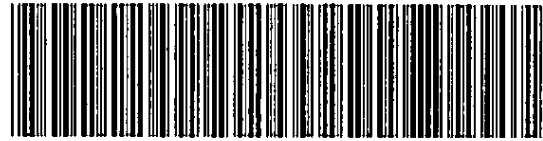
(Business Entity Name)

(Document Number)

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T. MATTHEWS

MAR - 3 2022

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: STILES PROPERTY CONSULTANTS, 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:

Faith Stiles
Name of Person

STILES PROPERTY CONSULTANTS, LLC
Firm/Company

1625 SOUTH CENTRAL AVENUE
Address

Flagler Beach, FL 32136
City/State and Zip Code

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

For further information concerning this matter, please call:

faithstiles321realty@gmail.com at (870) 638-0367
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

22 FEB 22 PM 9:26

STILES PROPERTY CONSULTANTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/18/2022 and assigned Florida document number L19000287374.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Faith Stiles

(Principal office address MUST BE A STREET ADDRESS)

1625 SOUTH CENTRAL AVENUE

Flager Beach, FL 32136

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

M-E Accounting & Tax Services Inc

New Registered Office Address:

6103 N. Atlantic Ave STE H

Enter Florida street address

Cape Canaveral

Florida 32920

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.

Motaz Vehouly

If Changing Registered Agent, Signature of New Registered Agent

