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COVER LETTER

Registration Section Division of Corporations

TO:

LOUIS AL SUBJECT:	FRED NICKOLAS STALWA	RT PRIVY PURSE LLC	
SUBJECT:	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:	
	DEAN GABRIEL WILLIA	AMS	
		Name of Person	
		Firm/Company	
	5727 SW 27TH ST		
		Address	
	WEST PARK, FL., 33023		<u>.</u>
		City/State and Zip Code	
	LANS001@HOUSE-STAL	WART.COM to be used for future annual report notif	ication)
For further information of	oncerning this matter, please co	·	······································
DEAN GABRIEL WILLIAMS		954 934 8499 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	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		Street Address: Registration Sec Division of Cor	porations
P.O. Box 632 Tallahassec,		The Centre of T 2415 N. Monro	allahassee c Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOUIS ALFRED NICKOLAS STA			~2
(Name of the Limit	ed Liability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)	71000
The Articles of Organization for this Limited L	iability Company were	filed on 8 JUNE 2020	and assigned
Florida document number L20000155521	_•		- 씨오지, [편집
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability o	ompany here:	
CROWN OF STALWARTLAND LLC			
The new name must be distinguishable and contain the w	ords "Limited Liability Co	mpany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic (Principal office address MUST BE A STREE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:			name of the new registered
N. Davista d Office Address.	5727 SW 27TH STR	EET	
New Registered Office Address:		Enter Florida street address	
	WEST PARK	Flori c	da 33023
		City , Flotte	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 Changing Registered Agent, Signature of New Registered Agent

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	Louis Alfred Nickolas	5727 SW 27TH ST	
	Louis Alfred Nickolas Stalwart Household Corp.	WEST PARK, FL., 33023	Remove
			☐ Change
AMBR	DEAN GABRIEL WILLIAMS	5727 SW 27TH ST	≣Add
		WEST PARK, FL., 33023	□Remove
			□Change
			□Add
			Change
			□Add
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		29 SEPTE	MBER 2020		_		
Tective date, if other than the an effective date is listed, the date mu	: date of fili: st be specific ar	ng:		ng or more than	(option 90 days after fil	al) ing.) Pursuant to 6	05.0207
ote: If the date inserted in this becument's effective date on the I	lock does not	meet the applic	cable statutor	ry filing requir	ements, this d	ate will not be i	isted as
cument's effective date on the L	epartment of	state s records					
record specifies a delayed effecti	ve date, but no	ot an effective t	ime, at 12:0	l a.m. on the e	arlier of: (b)	The 90th day at	fter the
is filed.							
29 SEPTEMBER		2020	_	20			
29 SEPTEMBER		11/1	4.//	///.			
	1	V K.	XX	M	-		
	Signature of	member or auti	orized represe	entative of a me	mber		

DU D. COFA

Typed or printed name of signee