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| PICK-UP | WAIT MAIL |
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|): Registrati Division o | on Section f Corporations |
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| | Ctring Styli. |
| IBJECT: | Name of Limited Liability Company |
| | |
| e enclosed Articl | es of Amendment and fee(s) are submitted for filing. |
| ease return all cor | respondence concerning this matter to the following: |
| | |
| | Samuel S Lee Name of Person |
| | Stannstil LLC |
| | Firm/Company |
| | 4141 Brancick Palme Dr |
| | Address |
| | Tampa + 33610 |
| | City/State and Zip/Code leesam 7733700 Stannstill. Com |
| | E-mail address: (to be used for future annual report notification) |
| r further informa | tion concerning this matter, please call: . |
| Jamue | 15. Lee 3777, 348-0394 |
| NOT INVO | ame of Person Area Code Daytime Telephone Number |
| | 813 408-3910 |
| iclosed is a check | for the following amount: |
| 2 \$25.00 Filing F | Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | |
| Mailing A | ddress: Street Address: |
| _ | tion Section Registration Section of Corporations i Division of Corporations |
| P.O. Box | C 6327 The Centre of Tallahassee |
| Tallahas | see, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| ** | Jr. |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Stann | stili | <u>.</u> | TO TO | - manager A E |
|---|---|--|-----------------------|--------------------|---------------------|
| (Name of the Limit | ed Liability Compar (A Florida Limited L | ny as it now appears on ou liability Company) | r records.) | <u> </u> | m |
| e Articles of Organization for this Limited Li orida document number | iability Company 43143 | were filed on | | and ass | igned |
| is amendment is submitted to amend the following | owing: | | | | |
| If amending name, enter the new name of | f the limited liabi | lity company here: | | | |
| new name must be distinguishable and contain the water new principal offices address, if applic | able: | ity Company," the designati | on "LLC" or th | e abbreviation "L. | I.C." |
| ter new mailing address, if applicable: Vailing address MAY BE A POST OFFICE | BOX) | | | | |
| | | | | | |
| If amending the registered agent and/or rent and/or the new registered office address | | ddress on our records | s, <u>enter the n</u> | ame of the nev | <u>v registered</u> |
| Name of New Registered Agent: | Kelly | Marie G | rllingl Onl | nam */ | |
| New Registered Office Address: | 4109 1 | SISMAY CLL Enter Florida stre | et address | | |
| | <u>lan</u> | Cin | , Florida | 336 Zip Code | 10 |

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

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:

GR = Manager MBR = Authorized Member

| <u>tle</u> | <u>Name</u> | Address | Type of Action |
|------------|---------------|----------------------|----------------|
| ager | Samuel S. Lee | 4104 BISMarch Palm D | |
| , | | Tampa F1 33610 | □Remove |
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| amend | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| i effecti <u>te:</u> If i | date, if other than the date of filing: |
| cord sp s filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ed <u>_</u> | Sept. 9 . 2020. |
| | Signature of a member or authorized representative of a member |
| | 5 1 00 |
| | Typed or printed name of signee |

Filing Fee: \$25.00