## K21000146532

(Re	questor's Name)	)
(Ad	dress)	
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PICK-UP		MAIL
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	cument Number	<u> </u>
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

IO:	Registration Sec Division of Corp			
			ILIANOU JR LLC	
SUBJI	ECT:	Name of Limited	d Fiability Company	
The er	iclosed Articles of a	Amendment and fee(s) are submi	ned for filing.	
Please	return all correspor	idence concerning this matter to	the following:	
			JAMES M STILIANOU JR	
			Name of Person	
		3.^	AMES M STILIANOU JR LLC	
			Firm/Company	
		5	143 CHICORY CIRCLE	
			Address	
		M	IDDLEBURG, FLORIDA 32068	
			City/State and Zip Code	
			ONE6R%GMAIL.COM	Continui
			be used for future annual report notif	(Canco)
For it	ather information c	oncerning this matter, picuse cal	i.	
	JAMES M ST	ILIANOU JR	904 993-5384 at ()	
	Name o	: Person	Area Code Daytime	: Telephone Number
Enclo	ised is a check for ii	to following amount.		
<b>≅</b> 5	25,00 Filing Fee	(4 \$30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ET \$60,00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
	Mailing Address Registration and Division of C P.O. Box 632 Tallahassee.	Section Torporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JAMES M STILIANOU JR ELC

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(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 Liabilit	y Company were filed on	03/29/2021	and assigned
Florida document numberL21000146532	·		
This amendment is submitted to amend the following	::		
A. If amending name, enter the new name of the l	imited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "	Limited Liability Company," the des	signation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		<u> </u>
Enter new mailing address, if applicable:	***************************************		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
	<del></del>		
B. If amending the registered agent and/or registe	red office address on our red	cords, enter the nan	ne of the new registere
agent and/or the new registered office address her	e:	Control of the Hall	it of the new registeres
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Florid	la street address	
		, Florida	
	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.

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

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<u>Title</u>	<u>Name</u>	Address 21 AUG 16 Fn 12: 43	Type of Action
MGR	DUSTIN C SHAFFER	5143 CHICORY CIR	<b>≣</b> ∧dd
		MIDDLEBURG, FL 32068	□Remove
			□Change
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f amending any other information, enter change	A CONTRACTOR OF THE SAME OF TH
	21 AUG 16 PH 12: 49
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannote: If the date inserted in this block does not meet the ocument's effective date on the Department of State's	(optional) of be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (including applicable statutory filing requirements, this date will not be listed as the records.
record specifies a delayed effective date, but not an eff Lis filed.	fective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated AUGUST 10 202	21
in (it	
Signature of a member	7 er or authorized representative of a member
	M STILIANOU JR of or printed name of signee