L21000146532

(Requestor's Name)				
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	JAMES M ST	ILIANOU JR LLC	•			
	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		JAMES STILIANOU JR				
	Name of Person					
		JAMES STILIANOUR JR LLC				
	Firm/Company					
	5143 CHICLORY CIRCLE					
	Address					
MIDDLEBURG, FLORIDA 32068 City/State and Zip Code						
		to be used for future annual report no	tification)			
For further information co	oncerning this matter, please c	all:				
JAMES STIL	_	904 993-5384 at ()				
Name of Person		Area Code Daytii	me Telephone Number			
Enclosed is a check for th	ne 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	S:	Street Address:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

JAMES STILIANOU JR LLC		2023 JUL 17	AM Star
(Name of the Limited	Liability Company as i Florida Limited Liabilit	t now appears on our recory Company)	ds.)
The Articles of Organization for this Limited Liab		MILARYS	
Florida document number L21000146532	··		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	ne limited liability c	ompany here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Co	mpany," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	4DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
		<u> </u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address h	istered office addre nere:	ss on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addre	ess
_		, F	lorida
	C	ity	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 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

or moved from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	MELISSA SHARP		
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated JULY 10 2023 Signature of a member or authorized representative of a member JAMES M STILIANOU JR

Filing Fee: \$25.00

Typed or printed name of signee