L21000453995

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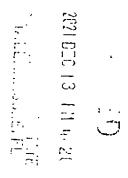
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A. BUTLER
DEC 2 8 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Stand by Me ~ A mother's Resource, 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:	
Emmy A. Donatelle - Polzin	
Stand by Me ~ A Mothers Resource, LUC.	
3645 Inverness Street	
North Port FL 34288 City/State and Zip Code	
Standby me mons e gravil. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Emmy Donatelle - Polzin at (941) 250 - 9807 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

Mailing 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

: D

Stand by Me ~	A Mothers ability Company as it now appears orida Limited Liability Company)	Resolution 1	1:C1 21
(AFI	orida Limited Liability Company)	•	1 3 mgs
The Articles of Organization for this Limited Liabili		10/18/71	and assigned
Florida document number <u>L21000453</u> 9	195		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	esignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET AI	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ecords, <u>enter the name o</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
	Enter Flor	ida street address	
	City	, Florida	Zip Code
	× 11.7		. 1

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 for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MLR	Donna Celiano-Stover	816 Mulligan Way # 20647	ZAdd
		Jasper 64, 30143	
			□Add
			∐Remove
			Change
			\'___\Add
			URemove
			TChange
			□Remove
			UChange
			<u>C</u> Add
			∐Remove
			Li Change
			□ Remove
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(If an eft <u>Note:</u>	ive date, if other than the date of filing:
If the recor	d 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 led.
Dated	December 1st 2021
	Shurature of a member or authorized representative of a member
	Emmy A. Donatelle - Polzin Typed or printed name of signee