## L21000521680

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A. RIVERS
JUL 1 2 2023

## **COVER LETTER**

TO: Registration Section **Division of Corporations** The Stanley Realty Group, LLC SUBJECT: \_ 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: Kevin T. Stanley Name of Person The Stanley Realty Group, LLC Firm/Company 234 Floco Ave Address Yulee, FL 32097 City/State and Zip Code kevin@thestanlevgrp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kevin Stanley 904 638-2226 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **≤** \$30.00 Filing Fee & **₹\$**60.00 Filing Fee. □ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

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

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

The Stanley Realty Group, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.)  orda Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Florida document number 1.21000521680	y Company were filed on 12/10/2021	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The Stanley Team, LLC		
The new name must be distinguishable and contain the words "I	.imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDECC)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		20
		20 20 20 20 20 20 20 20 20 20 20 20 20 2
B. If amending the registered agent and/or registe	red office address on our records, enter the	name of the new registere
agent and/or the new registered office address here	<u></u>	5 5
		型 星 门
Name of New Registered Agen:		m <u></u>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
<del></del> -	, Florid	<b>a</b>

## 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	Dominique Stanley	234 Floco Ave, Yulee, FL	<b>≣</b> Add
		<del></del>	□Remove
			Change
<del></del>			□Add
			□ Remove
			□Change
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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 a Pursuant to 605 0.20  Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tissed at document's effective date on the Department of State's records.  The event 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 rd is filed.  April 28  2025  Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member.		
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