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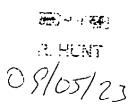
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DIVISION OF CORPOLATE A



COVER LETTER

TO: Registration Se Division of Cor					
The Stanley	· Team, LLC	,			
SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Kevin T Stanley				
		Name of Person			
	The Stanley Team				
		Firm/Company			
	234 Floco Ave				
		Address			
	Yulee, FL 32097				
	kevin@thestanleygrp.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report no	otification)		
For further information of	concerning this matter, please c	all:			
Kevin T Stanley		904 638-2226			
Name of Person		at () Area Code Dayti	me Telephone Number		
Enclosed is a check for t	he 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 Addre	ve.	Street Address:			
Registration Section		Registration Section			
Division of C		Division of C	orporations		
P.O. Box 632	27	The Centre of	l'allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

2023 SEP -5 PM 12: L

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Stanley Team		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number 1.21000521680	mpany 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 limite	ed liability company here:	
The Stanley Realty Group, LLC		
The new name must be distinguishable and contain the words "Limited	at Liability Company," the designation "LLC" o	τ the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	:555)	
-		2
		01VISION 0 2023 SEP
Vator nom malling address (Country & Lo		20/23 SEP
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	-	
		TO (5)
		2:1
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	Cin	Zin 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Dominique Stanley	234 Floco Ave	
			□ Add
		Yulee, FL 32097	
			■Remove
			□ Change
			□Remove
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ective date, if other than th	e date of filing:			(ontional)	
ective date, if other than the effective date is listed, the date in this is	ust be specific and cam	not be prior to a	late of filing or	more than 90 days	after filing.) Pursua	nt to 605.02
cument's effective date on the	Department of State	's records.	c statutory in	ing requirements	s, trus date will no	t oc iisteu
ecord specifies a delayed effect is filed.	ve date, but not an o	effective time	, at 12:01 a.m	on the earlier o	of: (b) The 90th	day after th
August 31 ted		023				
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	Signature of a mem	<u></u>				