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(City/State/Zip/Phone #)

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DIVISION OF CORPORATE AFFAIRS
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09/05/23

R. HUNT

09/05/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

The Stanley Team, 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 Team

Firm/Company

234 Floco Ave

Address

Yulee, FL 32097

City/State and Zip Code

kevin@thestanleygrp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin T Stanley

904 638-2226

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

2023 SEP -5 PM 12:40
DIVISION OF CORP. CREATION

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Dominique Stanley	234 Floco Ave	<input type="checkbox"/> Add
		Yulee, FL 32097	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2023 SEP - 10 PM 12:40
DIVISION OF CORRECTIONS
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2023 SEP -5 PM 12:40

1
DIVISION OF STATE
OF CONNECTICUT

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)(b)

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.

August 31

2023

Dated

[Handwritten signature]

Signature of a member or authorized representative of a member

Kevin T. Stanley

Typed or printed name of signee