L22 000 087 337

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700432813967

07/10/24--01023--017 **25.00

24 JUL 10 AH 5: 59

COVER LETTER

TO: **Registration Section Division of Corporations** PAULINE STANDISH, 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: PAULINE STANDISH Name of Person PAULINE STANDISH, LLC Firm/Company 21 WATERFORD PLACE Address PALM COAST FL 32164 City/State and Zip Code HNLBND@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAULINE STANDISH 808 780-3753 ______ ____ at (_____) Name of Person Area Code Daytime Telephone Number

Mailing Address:

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

Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

□ \$55.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

□ \$60.00 Filing Fee.

Certified Copy (additional copy is enclosed)

Certificate of Status &

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAULINE STANDISH, LLC		
(Name of the Limit	ted Liability Company as it now appears on Florida Limited Liability Company)	our records.) (A
The Articles of Organization for this Limited	•	2/23/2024 and
assigned Florida document number _L2200008	37337	
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	licable: (Principal office address MU	ST BE A STREET-ADDRESS)
·		10 E
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
	,	U
(Mailing address MAY BE A POST OFFIC	<u>E BOX)</u>	
B. If amending the registered agent and/or registered agent and/or the new register		cords, enter the name of the new
Name of New Registered Agent:	PAULINE STANDISH	
New Registered Office Address:	21 WATERFORD PLACE	
	Enter Florida	street address
	PALM COAST	. Florida 32164
	Ciņ	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 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

MGR = Manager AMBR = Authorized Member **Address Type of Action** Title Name MGR VIRTUAL HOMES REALTY 1 FARRADAY LANE, PALM COAST FL \square Add 32137 _□Change □Add _ 🗆 Remove _□Change _______.□Add _□Remove □ Change \Box Add _____ Remove ________Change _____ Change

If any adding any asked information and an about the same of the addition of about the angular and a

.□Remove

_ Change

 · · · · · · · · · · · · · · · · · · ·			
 		<u>.</u>	-
 			
			
 	<u>.,</u>		
			·
·			
 	<u>,</u>		
6/1/2024			

(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.

Dated

Pauline Stander

Signature of a member or authorized representative of a member

PAULINE STANDISH

Typed or printed name of signee

Filing Fee: \$25.00