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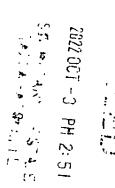
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(Document Number)
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COVER LETTER

TO:

Registration Section

Div	ision of Co	rporations		
CUDIECT.	Stand By T			
SUBJECT:		Name of Lin	nited Liability Company	····
7*1 1				
The enclosed	1 Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Timothy Kissling		
			Name of Person	
		Kissling Amoroso & Co.,	lnc.	
			Firm/Company	
		5117 Erie Street		
			Address	, H 1
		New Castle, PA 16102		
		Tim@kisslingfinanical.com	City/State and Zip Code	
			to be used for future annual report	notification)
For further in	oformation c	oncerning this matter, please c	•	,
Tim Kissling	;		724 667-161	7
	Name o	f Person	ar ()	ytime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Solution for Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street Address Registration	
_		forporations	_	Corporations
	. Box 632		The Centre of	of Tallahassee
Tall	lahassee, F	FL 32314	2415 N. Mo:	nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stand By Them, LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	202
The Articles of Organization for this Limited I Florida document number L22000196640	Liability Company	were filed on April 25, 2022	2022 Day and assigned
This amendment is submitted to amend the fol A. If amending name, enter the new name of	_	ility company here:	V N
Parakletos Group, LLC	71 the mined hab	mty company nere.	; 11
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3322 Boyd Circle	
Principal office address MUST BE A STRE	ET ADDRESS)	Oxford, FL 34484	
Enter new mailing address, if applicable:		3322 Boyd Circle	· · · ·
<u>Mailing address MAY BE A POST OFFICE</u>	(BOX)	Oxford, FL 34484	
B. If amending the registered agent and/or agent and/or the new registered office addre	~	address on our records, enter t	he name of the new regist
Name of New Registered Agent:	Gregory Laufer	rsky	
New Registered Office Address:	3322 Boyd Circ		
		Enter Florida street address	
	Oxford	. Flor	rida <u>34484</u>
		City	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 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>	Name	<u>Address</u>	Type of Action
		·	□Add
			□Remove
			☐ Change
			□A dd
			□Remove
			□Change
			□Add
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fective date, if other than th	e date of filing:		(option	al)
ffective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this b	st be specific and cannot be prior lock does not meet the applic	to date of filing or more table statutory filing re	than 90 days after fil	ing.) Pursuant to 605.020
ocument's effective date on the I			•	
record specifies a delayed effecti is filed.	ve date, but not an effective to	ime, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
is med.				
August 2	2022			
	0 - (
	Signature of a member of auth		>	